## Waiver Form: Individual Class Size Waiver Request

**INSTRUCTIONS:** Use this form to request class size waivers pursuant to G.S. 115C-301(g). For this waiver application, only one waiver request can be made per application.

In accordance with North Carolina State Board of Education Policy, requests for this waiver must be received by the Department of Public Instruction prior to November 30<sup>th</sup> of the current school year if you have an overage as of the 40<sup>th</sup> instructional day. Otherwise, you must submit a waiver request when an overage occurs during the year.

Class size waivers are good only for the remainder of the school year for which they are approved. See Chapter Four of the School Attendance and Student Accounting Manual for more information.

School Year:	Date of Request:
LEA Name:	LEA Number:
School Name:	School Number:
Grade Level of C	ass: Number of Students in Class: Course/Sec.:
EmAnOrgOrg whiCla	ergencies, or acts of God that impact the availability of classroom space or facilities. unanticipated increase in student population of an individual school in excess of two tent (2%) of the average daily membership of that school.  ganizational problems in geographically isolated local school administrative units in the average daily membership is less than one and one-half per square mile.  sees organized for a solitary curricular area.  harter school closure

Note - per State Board of Education policy, a waiver may be approved only if the following are true:

- (1) No individual class size waiver has been requested for that specific school and grade during the previous school year,
- (2) The waiver is for no more than two students above the established class size maximums, and
- (3) The local board cannot organizationally correct the exception.

2.	Explain why this class size exception cannot be corrected:
3.	What was the membership of this class at Day 20? Day 40?
4.	Has an individual class size exception waiver been granted for this school during the last two school years?
cla	OR GRADES <u>K-3</u> ONLY): Provide the organized structure of the school by listing all individual asses and the number of students in each class
(i.	e.: K=19, K=21, K=24, 1 <sup>st</sup> =18, 1 <sup>st</sup> =20, 1 <sup>st</sup> =20, 2 <sup>nd</sup> =22, 2 <sup>nd</sup> =23, 2 <sup>nd</sup> =23, 3 <sup>rd</sup> =23, 3 <sup>rd</sup> =24, etc.):
Κ.	
1st	
2nd	I
3rd	
Dat	e of Local Board Approval:
Sig	nature of Superintendent:
LE	A Contact Person: Phone:
Qι	nestions concerning the completion of this form should be directed to <a href="mailto:StudentAccounting@dpi.nc.gov">StudentAccounting@dpi.nc.gov</a> .
Co	ompleted form may be:
	Faxed to: 919-807-3723 Attn: Student Accounting

 $Emailed \ to: \underline{StudentAccounting@dpi.nc.gov}.$