

**HANCOCK COUNTY BOARD OF EDUCATION  
WAIVER REQUEST/NOTIFICATION FORM**

To request a waiver from Hancock County policy, administrative guidelines or practice, a local school improvement council must complete this form and submit it to the superintendent.

Prior to submitting this form, two-thirds of the School Improvement Council members must have voted in the affirmative to approve the alternative proposal. In those cases, where the waiver will affect personnel, an affirmative vote of a majority of the affected employees must have been given. Votes must be reported below.

**Type of Waiver**

Identify the specific county policy, administrative guidelines, or practice for which a waiver is requested.

Policy Number \_\_\_\_\_ Title \_\_\_\_\_

Administrative Guideline Number \_\_\_\_\_

Practice \_\_\_\_\_

**Vote of School Improvement Council on Proposed Alternative/waiver.**

Number of affirmative votes \_\_\_\_\_

Number of members voting \_\_\_\_\_

Date of vote \_\_\_\_\_

**Vote of Employees Affected by Proposed Alternative/waiver.**

Number of affirmative votes \_\_\_\_\_

Number of employees affected \_\_\_\_\_

Date of vote \_\_\_\_\_

For school year \_\_\_\_\_

Requests must be submitted yearly.

School \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of School Improvement Council Chairperson

**Purpose of Waiver**

Please check the purpose(s) of the alternative for which a waiver is requested.

- \_\_\_\_\_ Meets or exceed current policy, guideline, or practice
- \_\_\_\_\_ Increases administrative efficiency
- \_\_\_\_\_ Enhances the delivery of instructional program(s)
- \_\_\_\_\_ Promotes community involvement in the local school system
- \_\_\_\_\_ Improves the educational performance of the school generally
- \_\_\_\_\_ Other (please specify)

**Quality Assurance**

Please provide appropriate information for each of the quality assurance statements listed below. If more space is required for your statement, additional sheets may be attached.

1. Objective or objectives to be accomplished under the proposal.  
\_\_\_\_\_
2. How the accomplishment of such objective or objectives will meet or exceed the standards established by the county board.  
\_\_\_\_\_
3. The indicators upon which the meeting of such standards should be judged.  
\_\_\_\_\_

**Review Body(ies)**

Name of Group \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Board of Education Review Date \_\_\_\_\_

Board of Education Comments:

Board of Education Response:

\_\_\_\_\_ Request has been approved.

\_\_\_\_\_ Request has been rejected.

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

Date Adopted: 8/24/1992

Date Amended: 7/16/01; 2/11/08; 4/8/13; 1/11/16

Date Reviewed:

*The above Policy Statement is an integral part of the Official Policy Manual of this Board of Education as of the date shown adopted.*