

**School-Based Calendar Waiver Request
115C-84.2
Individual School or Program
for Educational Purposes**

Except for year-round schools and schools designated by the LEA as having, or planning to have, a modified calendar in 2003-04, the opening date for students shall not be before August 25, and the closing date shall not be after June 10.

The State Board of Education may waive this requirement for a specific school or program within a school if a local education agency establishes a need to adopt a different calendar for one of the following educational purposes:

- i. a specific school to accommodate a special program offered generally to the student body of that school,**
- ii. a school that primarily serves a special population of students, or**
- iii. a defined program within a school.**

Instructions: Complete this form to request a calendar waiver for a specific school. Demographic information must be filled out for each individual request. The completed form must be received by DPI by **November 1** of the preceding school year.

Demographic Information

School Year: _____ Date of Request: _____

LEA Name: _____ LEA Number: _____

School Name: _____ School Number: _____

Program Name: _____

Requested Opening Date: _____

Requested Closing Date: _____

This waiver request is based on an LEA establishing a need to adopt a different calendar based on special programs or student population for educational purposes. Attach all necessary documentation.

1. Describe the special program offered to the student body in the school that requires the opening date and/or closing date to be waived for the school.

2. Describe the special population of students within the school that requires the opening date and/or closing date to be waived for the school.

3. Describe the program within the school that requires the opening and/or closing date to be waived for that program.

4. If this program is an early/middle college program, please give the first day of classes for the fall semester at the host school.

Date of Local Board Approval: _____

Signature of Superintendent: _____

LEA Contact Person: _____

Questions concerning the completion of this form should be addressed to Innovation and School Transformation at 919.807.3200.

Completed form may be faxed to 919.807.3767.

Mail to
Innovation and School Transformation
6368 Mail Service Center
Raleigh, NC 27699-6368