

Anne Arundel County Public Charter Schools Waiver Request Form

(A separate form is required for each waiver being requested)

Name of School: [Type text]

Date: [Type text]

School Official Submitting Request: [Type text]

Position: [Type text]

Contact Information: Phone: [Type text] Email: [Type text]

- New Charter School
 Existing Charter School

If currently existing charter school, number of years remaining on charter contract: [Type text]

AACPS Board Policy requested to be waived: [Type text]

AACPS Administrative Regulation requested to be waived: [Type text]

If additional space is needed for the responses below, please attach additional information.

Description of Waiver Request and desired outcome(s): [Type text]

Why is the waiver necessary and justifiable under the circumstances? [Type text]

Impact: *(Must include the impact of this waiver on the overall operation of the school. Could this school operate without this waiver?)*

[Type text]

Does the requested waiver impact any current negotiated agreement(s)? Yes ___ No ___

If yes, please explain which negotiated agreement(s) and which employee organization(s) is impacted by this request.

[Type text]

**Please attach along with this request any relevant supporting documentation that may assist in the review of the waiver request.*

Principal Signature: _____ Date: _____

Governing Board Chair's Signature: _____ Date: _____