

Waiver Request Form
Submitted to the Vermont Agency of Education
and the
Vermont State Board of Education

1. Name of Superintendent requesting a waiver:

2. Name of School Board Chairperson requesting a waiver:

3. School District, Supervisory Union/Supervisory District represented:

4. School District, Supervisory Union/Supervisory District Mailing Address:

Street/PO Box	City/Town	State	ZIP
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5. Phone: () _____ Superintendent's E-mail: _____

7. I am requesting a waiver of Education Quality Standards rule _____

8. Please describe the reason for your request in the space provided below:

9. Please describe the alternative method for meeting the intent of this rule in the space below:

Superintendent (print name)

Date

Signature

School Board Chairperson (print name)

Date

Signature

Please return this form to the Secretary of Education Office contact: Maureen Gaidys, 1 National Life Drive, Davis 5, Montpelier, VT 05620 or via email at maureen.gaidys@vermont.gov - (802) 828-0047