

**Office of Accreditation**

Type all information or use blue or black ink.

**Administrative Rule Waiver Application**

General Request

**Authority to Grant Administrative Rule Waiver**

**24:43:08:01. Waiver of certain administrative rules and Department of Education policies.** The secretary of education may waive compliance of one or more administrative rules or Department of Education policies when requested by a public school district or approved nonpublic school.

**24:43:08:10. Secretary's authority to grant waivers limited.** The secretary of education may not waive a state statute. The secretary may waive an administrative rule promulgated by the Department of Education or the South Dakota Board of Education, unless the language of the rule prevents waiving. The secretary may waive established Department of Education policy and procedure.

**Part 1 – District Information**

**School District:**

<b>Superintendent Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
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<b>School Board President Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
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**Part 2 – Administrative Rules to be Waived**

Select the rule(s) the district is requesting to be waived:

*List Rule Requesting to be waived:*

**Application Timeline**

- ARSD 24:43:08:04. Application timelines.** An approved waiver shall take effect at the beginning of the next school fiscal year on July 1. The department must receive an application for a waiver at least 60 days prior to the start of a new school fiscal year July 1. A district may petition the secretary for consideration of an alternate effective date that is least 60 days after the department receives its application for a waiver. The secretary shall consider the quality of the application and the extent of its intended outcomes on student learning and enhancement of student opportunity in determining whether to grant the alternate effective date for an approved waiver.

### Part 3 – Verification of Administrative Rule Waiver Intent

(a) List the school(s) the where the waiver will be utilized:

(b) List any Faculty whom the wavier covers if applicable, otherwise indicate N/A.

(c) Provide a description about the reason for requesting the waiver:

\* Explain the reasons the district is requesting a waiver from administrative rule. The district must explain why the plans outlined in this application will better meet local learning goals, enhance educational opportunities, promote equity or increase accountability.

(d) Explain how the intent of the administrative rule for which the waiver is being requested will be met if the waiver is granted.

### PART 4 - EVALUATION

Provide a detailed description of the plan for evaluating the effectiveness of the waiver in achieving the outcomes specified in the application and contributing to the school's continual improvement:

A school district or nonpublic school or program that has been granted a waiver shall implement its plan for evaluation of the waiver as required by ARSD 24:43:08:03. A public school district that has been granted a waiver shall include a report of the waiver evaluation in its annual review of its approved five-year district improvement plan as required by ARSD 24:43:02:01 (ARSD 24:43:08:08)

The South Dakota DOE Division of Accreditation will verify that the school improvement plan includes a component for evaluating the intent of all ARSD waivers held by the school/school district.

## Part 5 – Length of Waiver

Intended Date for Waiver Implementation: \_\_\_\_\_  
(This date is always July 1 for fall implementation unless the district requests and explains the reasons for an alternate date.)

Proposed Years of Waiver: \_\_\_\_\_  
(Maximum of 5 school terms, which begin July 1 of each year.)

## Part 6 – Approval by Local School Board

Date(s) Presented to School Board (*attach board minutes*):

Date Approved by School Board:

Signature of Superintendent/CEO:

Signature of School Board President:

Date of Signature:

Date of Signature:

## Part 7 – Department of Education Review

Date Received:

Date Reviewed:

Name and Reviewer:

Approve

Deny

Reason for Denial:

Additional Documentation Required:

## Part 8 – Department of Education Secretary's Action

Approve

Deny

Reason for Denial:

Signature:

*Include:*

1. Completed application
2. School board minutes

*Email to:*

[doeaccred@state.sd.us](mailto:doeaccred@state.sd.us)