I. Policy 515.2

II. Procedures

A. In an effort to empower local schools and divisions of the school system in their school improvement efforts, this regulation enables principals and division heads to apply for waivers from specific state bylaws or county policies, if the waiver can be shown to support their facilitating the attainment of a Maryland State Board of Education or Frederick County Public Schools expected outcome. (The local board does not have the authority to waive Maryland State Board of Education bylaw or Maryland statute.)

1. Principals or division heads may submit the attached waiver request form to seek the waiver of a local policy or Maryland State Board of Education bylaw.

2. Waiver requests should be submitted to the deputy superintendent for review, who will in turn submit it to the Superintendent.

B. A request may seek the waiver of a local board policy or a Maryland State Board of Education bylaw. The respective board will process requests as follows:

1. A request for a waiver of a local board policy will be submitted to the local board of education by the Superintendent within 45 calendar days of its receipt with a recommendation for either granting or denying the waiver, a recommended term, and a written justification of any recommended denial. The board shall render a decision at the soonest appropriate regularly scheduled meeting. The decision of the local board on a waiver request is final.

2. Requests for waivers from Maryland State Board of Education bylaws will be reviewed and forwarded by the local Superintendent of schools to the state superintendent of schools. The local Superintendent will send a copy of the request to the local board for information. The state Superintendent will in turn submit to the state board each waiver request within 45 calendar days of its receipt with a recommendation for either granting or denying the waiver, specifying its term, and providing written justification of any denial. The state board shall render a decision at its next regularly scheduled meeting. The decision of the state board on a waiver request is final.

D. Each waiver request should clearly indicate any cost that will occur if implemented.

Approved:

Original signed by

Jack D. Dale
Superintendent
WAIVER APPLICATION

Date: ______________

I. APPLICANT INFORMATION

A. School System Division ______________________________________________________

B. School ___________________________________________________________________

C. Request Waiver for:
   - Maryland State Board of Education Bylaw: ________________________________
   - Frederick County Board Policy: _________________________________________
   - FCPS Regulation: ______________________________________________________

D. Time period for which waiver is requested: _________________________________

E. Proposed change:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

F. Information/data that supports the need for this proposal:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

G. Describe the desired outcome and how the requested waiver will facilitate its attainment:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

H. Determine stakeholders who will be affected by this proposal and the impact (both pro and con) for each of these stakeholders.
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

I. Describe how the above stakeholders will be involved in the decision making process.
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
J. If you are proposing a deviation from our staffing model, describe how the Essential Curriculum and/or other responsibilities of any eliminated/reduced position will be covered.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

K. Additional costs incurred by this proposal and how those costs will be covered:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

II. REVIEWER INFORMATION

Approved: ______________________  Date:    _________________________

Denied:  ________________________  Time Period:  ____________________

Explanation of Denial:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Other Comments:
___________________________________________________________________________
___________________________________________________________________________

______________________________               _____________________________
Cabinet Member’s Signature                             Superintendent’s Signature