REQUEST FOR WAIVER

Dear Colleagues:

It is the Department’s goal to work in partnership with you to ensure that all students reach higher levels of learning. As part of this ongoing effort, you may wish to request a waiver of certain state or federal regulations in order to address students’ educational needs.

We will do whatever possible to assist you.

Sincerely,

Mitchell Chester
Commissioner of Elementary & Secondary Ed

District/Charter/Collaborative/Approved Private Special Education School, etc.:

________________________________________________________________________________________

School(s): ____________________________

Contact Person: ____________________________

Address: ____________________________

Telephone #: __________________ Fax #: __________________ Email: __________________

Signature of Superintendent, Charter School Leader, Collaborative or Private School Executive Director:

________________________________________________________________________________________

Date: __________

Please Check One

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<th>Please Check One</th>
<th>Academic Year</th>
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<td>(and attach necessary waiver form(s))</td>
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<td>• Alternative Compliance: Special Education Parent Advisory Councils</td>
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<td>Other: _______________________________</td>
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Please return with the appropriate waiver form(s) to:

Barry Barnett, Director
Problem Resolution System Office
MA Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148
Phone: (781) 338-3700
Fax: (781) 338-3710