



## Alternate School Calendar Waiver

Oklahoma Deregulation Act, 70 O.S. § 3-124, et seq  
School Year for Public Schools, 70 O.S. § 1-109

### Accreditation Standards Division

[sde.accreditation@sde.ok.gov](mailto:sde.accreditation@sde.ok.gov)

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The alternate school calendar waiver must be received by June 30 prior to the applicable school year. If you need technical assistance, please discuss the application with the Accreditation Division, (405) 521-3335.

### Preparing the Statutory Waiver/Deregulation

#### ① Submit a cover letter.

- Prepare on school letterhead with Superintendent's original signature.
- Include a budget and narrative describing cost savings.
- Include an outline how each site meets the student performance measures outlined in OAC 210:10-1-4.

#### ② Complete entire application.

- Original signatures of the Superintendent, Principals, Board President and notary with a stamp/seal are required.
- In order to process applications, the questionnaire following the cover sheet must be completed and included.

#### ③ Send the following information to [sde.accreditation@sde.ok.gov](mailto:sde.accreditation@sde.ok.gov).

- Completed cover letter.
- Most recent Estimate of Needs.
- Completed application with questionnaire.
- Signed board minutes showing the district's school board approved the alternate calendar request.
- Proposed school calendar for applicable year.

# SCHOOL SITE ALTERNATE SCHOOL CALENDAR APPLICATION

for 20 \_\_\_\_\_ – 20 \_\_\_\_\_ school year

COUNTY

SCHOOL DISTRICT

SCHOOL DISTRICT MAILING ADDRESS

CITY

ZIP CODE

NAME OF SITE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

SUPERINTENDENT NAME (PLEASE PRINT)

SUPERINTENDENT E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE\*

DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on \_\_\_\_\_, 20 \_\_\_\_\_

BOARD PRESIDENT SIGNATURE\*

**NOTARY SEAL →**

NOTARY

DATE

COMMISSION EXPIRATION DATE

## SDE USE ONLY

DATE RECEIVED

### ENROLLMENT

\_\_\_\_\_ High School

\_\_\_\_\_ Jr./Middle High

\_\_\_\_\_ Elementary

\_\_\_\_\_ District Total

### DOCUMENTS RECEIVED

Cover letter/narrative

Most recent Estimate of Needs

Application

Supplemental questionnaire

Board minutes

Proposed calendar

### STUDENT PERFORMANCE

PreK through 8th:

\_\_\_\_\_ Is growth indicator C or higher?

\_\_\_\_\_ Trending Up or Down

\_\_\_\_\_ Certified for CSI, TSI, or ATSI?

\_\_\_\_\_ Trending Up or Down

9th through 12th:

\_\_\_\_\_ 4 yr. graduation rate at or above 82%?

\_\_\_\_\_ Trending Up or Down

\_\_\_\_\_ Academic achievement indicator C or higher?

\_\_\_\_\_ Trending Up or Down

\_\_\_\_\_ Post secondary indicator C or higher?

\_\_\_\_\_ Trending Up or Down

