

This form may be opened and data entered directly into the document. It can then be printed and faxed to the number below.



REQUEST FOR WAIVER OF PENALTY FOR LOSS OF INSTRUCTIONAL DAY			
Corporation Name:		Corporation Number:	
Corporation Street Address:		Corporation Telephone Number:	
Corporation City and Zip:		# Scheduled Instructional Days/Year:	
<input type="checkbox"/> Request applies to entire corporation. If checked, do not list schools.			
Schools From District Impacted		School Number	
SECTION 1: WAIVER REQUEST FOR SHORTENED INSTRUCTIONAL DAY(S) (A LOSS OF MORE THAN 120 MINUTES DUE TO DELAY OR EARLY DISMISSAL)			
Date(s) of Lost Time	Minutes of Lost Time	Reason for Shortened Day	Reason for Not Rescheduling Day
OR			
SECTION 2: WAIVER REQUEST FOR CANCELED FULL INSTRUCTIONAL DAY(S)			
Date(s) of Lost Days	Reason for Cancellation	Reason(s) for not Rescheduling Canceled Day	
<i>THIS SECTION MUST BE SIGNED AND SUBMITTED BY THE SUPERINTENDENT</i>			
Printed Name _____		Signature _____	
Email Address _____		Date _____	
PLEASE MAIL TO: Indiana Department of Education Office of Accreditation 115 West Washington Street South Tower, Suite 600 Indianapolis, Indiana 46204		OR FAX TO: Dr. George Frampton at (317) 232-9023	OR E-MAIL TO: frampton@doe.in.gov
-----DEPARTMENT OF EDUCATION USE ONLY-----			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Signed _____		Date _____	