REQUEST FOR WAIVER OF PENALTY FOR LOSS OF INSTRUCTIONAL DAYS

Corporation Name	Corporation Number
Corporation Address	Phone

School(s) Affected (attach additional pages if needed) 9 Check here, if entire corporation affected	Scheduled Instructional Time for Corporation		
	Number of Student Days	Minutes each Day Gr. 01-06	07-12

SECTION 1: WAIVER REQUEST FOR SHORTENED INSTRUCTIONAL DAYS

Date(s) of Lost Time	Amount of Lost Time (minutes)	Reason

SECTION 2: WAIVER REQUEST FOR CANCELED INSTRUCTIONAL DAYS

Date(s) Canceled	Reason

SECTION 3: TO BE USED FOR ALL WAIVERS

Reason(s) for Not Rescheduling Canceled or Shortened Day(s)

Must be submitted and signed by the Superintendent

Signature Date

Typed Name

DOE USE ONLY

Signed_____ Date_____

_____Approved _____Denied

Return to: Gary Wallyn, Indiana Department of Education
Room 229, State House
Indianapolis, IN 46204-2798