

# BESE Policy Waiver Request Form

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Date of Request

Request for School Year

Local Education Agency

Superintendent or System Leader

Contact Name and Title

Email

Telephone Number

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## Request to Waive Policy

Waivers are granted from the date of approval and for a maximum of one academic year, unless approval is granted for a longer period of time based upon extenuating circumstances.

Bulletin number and title:

Section number and title:

School(s) included:

Number and grade level(s) of students impacted:

In the space below, please explain why the waiver is necessary and describe the steps taken within BESE policy to address the situation thus far. Note also what would be the impact of denial of waiver request.

Signature of Superintendent or System Leader

Submit form, letter of request, and supporting documentation to the Louisiana Department of Education at [EducationPolicy@la.gov](mailto:EducationPolicy@la.gov).