



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

2012-2013 ALTERNATIVE EDUCATION AND INNOVATIVE PROGRAM ASSURANCES

Please provide the following information:

District Name: _____ District Code: _____

Address: _____
Street- P.O. Box City Zip Code

Contact Person: _____ Title: _____

Phone: _____ Building Number: _____

E-mail Address: _____

Assurances:

- 1) It is assured that the Alternative Education Program or other innovative program approved by the Michigan Department of Education (MDE) will operate for a minimum of _____ clock hours. It is assured that the Alternative Education Program or other innovative program approved by the MDE will operate for a minimum of _____ days.
- 2) It is assured that the Alternative Education Program or other innovative program approved by MDE is an identifiable program not regularly available to general district pupils. If program is regularly available to general district pupils, please attach an explanation in writing.

Assurances and Certifications: By signing this statement of assurances, I certify that the district agrees to abide by all of the above assurances and will comply with all state regulations pertaining to the program. Non-compliance will rescind this waiver and the 1,098 hours minimum will be in effect.

Signature of Superintendent or Authorized Official

Date

Type or Printed Name

Waiver Application Review Form must be filled out and attached.

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