



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

MEMORANDUM

TO: Local and Intermediate School District Superintendents

FROM: Jeremy M. Hughes, Ph.D. 
Deputy Superintendent/Chief Academic Officer

DATE: June 7, 2007

SUBJECT: **Waivers of Minimum Number of Hours of Pupil Instruction for Alternative Education Programs Year 2007-2008**

The chapter in the State Aid Act, Section 101 (10), permits the superintendent to waive the minimum number of hours of pupil instruction for Alternative Education programs.

The State Superintendent will consider applications for waivers of hours for programs that will operate for less than the required number of hours during the school year.

If you plan to operate an Alternative Education program less than the required number of hours of instruction, you must have approval. This is a change from previous years.

To apply for a waiver under Section 101 (10), please complete the Waiver Application Review form and the Program Assurances form which are available on the Department's web page, http://www.michigan.gov/mde/0,1607,7-140-6530_30334_40027---,00.html. Waiver applications should be submitted to the Michigan Department of Education **no later than October 1, 2007**. Please mail the completed packet to:

Michigan Department of Education
Office of School Improvement
Attention: Request for Alternative Education Hours Waiver
P.O. Box 30008
Lansing, Michigan 48909

If you have any questions regarding the information being requested, please contact Sam Sinicropi at (517) 241-1162 or email him at SinicropiS@michigan.gov.

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2007-2008 ALTERNATIVE EDUCATION PROGRAM ASSURANCES

Please provide the following information:

District Name: _____ **District Code:** _____

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

Contact Person: _____ **Title:** _____

Phone Number: (____) _____ **E-Mail Address:** _____
Area Code Number

Assurances:

- 1) It is assured that the Alternative Education Program will operate for a minimum of _____ clock hours.
- 2) It is assured that the Alternative Education Program is an identifiable program not regularly available to general district pupils.

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 1098 minimum will be in effect.

Signature of Superintendent or Authorized Official

Date

Type or Printed Name

Waiver Application Review Sheet must be filled out and attached.

State Department Use Only

Review by: _____

Date: _____

Recommend: Yes _____ No _____

Fiscal Year 2007-2008

District Name: _____ District Number: _____

Contact Person: _____ Phone: _____

E-Mail: _____ Building Number: _____

Alternative Ed Program Name: _____ Fax Number: _____

The Application -

- 1) State the number of hours the program will operate. Hours: _____
- 2) How does the granting of this waiver enhance the education of the students?

- 3) Describe the alternative education program.

- 4) How do you ensure that an educational opportunity exists for students in the program?

- 5) Comments