



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

June 20, 2008

**MEMORANDUM**

TO: Local and Intermediate School District Superintendents

FROM: Sally Vaughn, Ph.D. *Sally*  
Deputy Superintendent/Chief Academic Officer

SUBJECT: Waivers of Minimum Number of Hours of Pupil Instruction for Alternative Education Programs Year 2008-2009

The chapter in the State Aid Act, Section 101 (10), permits the State Superintendent of Public Instruction to waive the minimum number of hours of pupil instruction for Alternative Education programs. This waiver can only be granted for Alternative Education Programs and not for individual students.

The State Superintendent will consider applications for waivers of hours for programs that will operate for less than the required 1098 hours during the school year. Before submitting the waiver to operate less than the required 1098 hours of instruction, consider very carefully the amount of instruction time needed to deliver the expanded Michigan Merit Curriculum.

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](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, 2008***. 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](mailto:SinicropiS@michigan.gov).

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**2008-2009 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.**

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## ALTERNATIVE EDUCATION Waiver Application Review Form

### State Department Use Only

Review by: \_\_\_\_\_

Date: \_\_\_\_\_

Recommend: Yes \_\_\_\_\_ No \_\_\_\_\_

# Fiscal Year 2008-2009

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