



## Administrative Rule Waiver Joint Application

Section 380.1281(3) of the Michigan *Revised School Code Act 451 of 1976* allows intermediate and local school districts to apply for a waiver from the Act's administrative rules, including the *Michigan Administrative Rules for Special Education* (MARSE). Districts may apply for the same waiver jointly by using this application. Waivers may be granted by the State Superintendent if the districts demonstrate that they can address the intent of the rule in a more effective, efficient, or economical manner or that the waiver is necessary to stimulate improved pupil performance.

**Author:** Michigan Department of Education, Office of Special Education

**Last updated:** 6/14/18

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### Applicant Information

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#### Lead Agency Contact Information

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Lead Agency for Joint Application

District Code

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Address

City

State

Zip Code

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Contact Person

Title

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Telephone

Email

#### Number and Type of Districts

Provide the number of local educational agencies (LEAs), public school academies (PSAs), and/or intermediate school districts (ISDs) participating in this joint application and who have submitted assurance statements:

Attach a complete list of all participants with district name, address, school code, and contact person.

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## Waiver Request

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Identify the topic and specific administrative rule for which a waiver is being sought under section 1281(3) of the *Revised School Code Act 451 of 1976*. (One rule per application.)

For what length of time is the waiver being sought?                      year(s)                      month(s)  
(Not to exceed three years.)

### Waiver Criteria

Describe how the applicants will address the intent of the rule being waived in a more effective, efficient, or economical manner, or why the waiver is necessary to stimulate improved pupil performance. Attach supporting documents.

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## **Waiver Request Continued**

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### **Process**

Describe who and explain how interested parties were notified and involved in the application process (e.g., teachers, parents, community, others). Attach supporting documents.

### **Accountability**

Describe the applicants' plan for addressing issues of local accountability and how the applicants will document that the waiver continues to meet waiver criteria, that it does not compromise equal opportunities for learning, and that it is not detrimental to the educational interests of any pupil. Attach supporting documents.



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## Waiver Request Continued

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### Assurances for Lead Agency

All local educational agencies (LEAs), public school academies (PSAs), and intermediate school districts (ISDs) participating in this application must provide the following assurances:

The information in this application has been reviewed and is true to the best of our knowledge. We assure that the purpose of the waiver as described in this application will be fulfilled, that it meets the criteria of the Act, that it does not compromise equal opportunities for learning, and that this plan is not detrimental to the educational interests of pupils.

### Lead agency for the joint application:

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Board President Signature

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Date

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Superintendent Signature

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Date



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## Waiver Request Continued

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### Assurances for Participant Agency

All local educational agencies (LEAs), public school academies (PSAs), and intermediate school districts (ISDs) participating in this application must provide the following assurances:

The information in this application has been reviewed and is true to the best of our knowledge. We assure that the purpose of the waiver as described in this application will be fulfilled, that it meets the criteria of the Act, that it does not compromise equal opportunities for learning, and that this plan is not detrimental to the educational interests of pupils.

### Participant in the joint application:

(Attach additional signature pages as needed.)

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Name of LEA/PSA/ISD

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District Code

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Board President Signature

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Date

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Superintendent Signature

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Date



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## **Submit Form**

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Mail, email, or fax this form to:

Michigan Department of Education

Office of Special Education

P.O. Box 30008

Lansing, MI 48909

Email: [mde-ose@michigan.gov](mailto:mde-ose@michigan.gov)

Fax: 517-241-7141

**Contact phone:** 888-320-8384