

NEW JERSEY STATE DEPARTMENT OF EDUCATION

**COUNTY OFFICE TRANSMITTAL AND RECOMMENDATION FORM**

**EQUIVALENCY AND WAIVER APPLICATION**

**"TO BE COMPLETED BY THE COUNTY OFFICE ONLY"**

COUNTY \_\_\_\_\_ ID CODE # \_\_\_\_\_

DISTRICT \_\_\_\_\_ ID CODE # \_\_\_\_\_

REQUEST: \_\_\_\_\_ EQUIVALENCY \_\_\_\_\_ WAIVER

CATEGORY OF REQUEST: \_\_\_\_\_

1. DATE APPLICATION WAS STAMPED AS RECEIVED FROM DISTRICT \_\_\_\_\_

2. DOCUMENT REVIEW

\_\_\_\_ All identifying information is completed on the application.

\_\_\_\_ Date of local board of education approval for this application is listed.

\_\_\_\_ Chief School Administrator has signed and dated the application.

\_\_\_\_ The descriptive information of the application is clearly written and complete. The county superintendent should work with the district to improve or clarify the request before it is submitted to the Commissioner for a decision.

3. CONTENT REVIEW

\_\_\_\_ An equivalency or waiver is necessary because the relief sought by the district can only be accomplished through state approval of the application. This type of request is not already authorized for approval by the county office and the relief sought is not based on a local board policy.

\_\_\_\_ The application does not appear to violate the spirit or intent of N.J.S.A. 18A, applicable Federal laws and regulations, and N.J.A.C. Title 6 and 6A.

\_\_\_\_ Students' rights to a thorough and efficient education are not compromised by the application's proposal(s).

\_\_\_\_ The application's request does not present a risk to student health, safety or civil rights.

4. RECOMMENDATION

\_\_\_\_ APPROVE APPLICATION

\_\_\_\_ DENY APPLICATION

\_\_\_\_ NO ACTION REQUIRED

5. COMMENTS/RATIONALE

Provide a brief statement listing the reasons that the application was either approved or denied.

\_\_\_\_\_

COUNTY SUPERINTENDENT

SIGNATURE

DATE



