

CALIFORNIA DEPARTMENT OF EDUCATION
FEDERAL WAIVER REQUEST
<http://www.cde.ca.gov/waiver/>

Send Original plus one copy to:
 Waiver Office, California Department of Education
 1430 N Street, Room 5602
 Sacramento, CA 95814
 (916) 319-0824

Safe and Drug Free School Innovative Programs

First Time Waiver:
Renewal Waiver:
Faxed originals will not be accepted.

CDS CODE					

Local educational agency:			Contact/recipient of approval/denial notice:			Contact e-mail address:		
Address:		(City)	(State)	(ZIP)	Phone (and extension, if necessary):			
			CA		() - x			
Period of request: (month/day/year)		Local board approval date: (Required)						
From:		To:						

LEGAL CRITERIA

1. **Authority for the waiver: No Child Left Behind Act (NCLB); Title IV, Part A, Section 4115 (a)(3):**
 A local educational agency may apply to the State for a waiver of the requirement of subsection (a)(1)(C) to allow innovative activities or programs that demonstrate substantial likelihood of success.
2. **Federal codesSection to be waived: NCLB Title IV, Part A, Section 4115(a)(1)(c):** _____
 For a program or activity developed pursuant to this subpart to meet the principles of effectiveness, such program or activity shall be based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use.
3. **If this is a renewal of a previously approved waiver, list Waiver No: Fed -** _____ **Date of SBE approval** _____
4. **Activity or program name:**
5. **Describe the program (if more space is needed, you may attach additional pages):**

6. Describe how the activity or program demonstrates substantial likelihood of success (if more space is needed, you may attach additional pages):

7. Describe the plan for submitting the program for review and recognition as a science-based program (if more space is needed, you may attach additional pages):

District or County Certification – *I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee: >	Title:	Date:
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FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

CDE Assigned Waiver No:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date:
Staff Name (<i>type or print</i>):	Staff Signature: >	Date:
Unit Manager (<i>type or print</i>):	Unit Manager Signature: >	Date:
Division Director (<i>type or print</i>):	Division Director Signature: >	Date:
Deputy Superintendent (<i>type or print</i>):	Deputy Signature: >	Date: