

**Child Early Reading and Development Education Program (CERDEP)
Notification of Classroom Size Requirement Waiver Request**

District Name:	
District Address:	
District Phone Number:	
Superintendent Name:	
District Early Childhood Coordinator:	
School Name:	
Principal's Name:	
Class size for waiver request (Please list the adult to child ratio):	

The signatures below indicate a formal request to waive the class size for the CERDEP classroom(s) listed above. Please attach a list outlining the reason(s) for the CERDEP classroom size waiver request. In addition, explain the student recruitment strategies or steps taken to address the need for the CERDEP classroom size waiver.

Early Childhood Coordinator Signature

District Superintendent Signature

Please submit the request to Dr. Tammy Graham at tgraham@ed.sc.gov

(For Office Use Only)

Based on a careful review of the documentation provided, the classroom size waiver request has been:

☐ Approved

☐ Denied

Approval Signature

Date