**South Carolina Child Early Reading and Development Education Program (CERDEP)**

**Notification of Classroom Size Requirement Waiver Request**

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| --- | --- |
| 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 waiver the class size for the CDEP classrooms as listed above. Please attach a list outlining the reason(s) for CDEP classroom size waiver request. In addition, explain the student recruitment strategies or steps taken to address the need for CDEP classroom size waiver.

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Early Childhood Coordinator Signature District Superintendent Signature

Please submit the request to Dr. Tammy Graham at [tgraham@ed.sc.gov](mailto:tgraham@ed.sc.gov).

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(For Office Use Only)

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

Approved

Denied

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Approval Signature Date