

**South Carolina 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 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.

\_\_\_\_\_  
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).

-----  
(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