

Mississippi Department of Education
Office of Accreditation

**Request for Waiver of Excessive Enrollment
In Grades 1-12**

Directions: Complete sections A, B, and C of this form for **EACH** school in the district with enrollment over the minimum allowable in Process Standard 28 of the *Mississippi Public Schools Accountability Standards, 2025*. This form may be duplicated as necessary.

District Name: _____

School Name: _____

A. Enrollment Data

Grade	Total Number of Class Period(s)	Number Enrolled Per Class Period	Number of Class Period Over Maximum	Number of Full-Time Assistants (if applicable)

B. Other Factors Related to the Overload: (Circle response.)

- | | | | |
|---|-----|----|-----|
| 1. Were you aware of this overload before the first day of school? | YES | NO | N/A |
| 2. Have you provided a full-time (not shared with any other grade or class) assistant in each class with an overload? | YES | NO | N/A |
| 3. Did you request a waiver for this school last year? | YES | NO | N/A |
| 4. If YES to # 3 above, was a waiver granted last year? | YES | NO | N/A |
| 5. Is there a school reasonably close by to which the children over the maximum could be transferred? | YES | NO | N/A |

C. Justification of Exemption Request (Use additional pages if necessary.)

1. Provide a clear description of why an additional class cannot be added to alleviate the overload:

2. Describe the emergency, hardship, or other special situation that justifies this overload:

3. Describe plans to resolve this overload for the next school year:

Date

Signature of Superintendent

**Email completed form by February 27, 2026, to:
Chris Haynes
Office of Accreditation
Email: jchaynes@mdek12.org**