

EQUIVALENCY APPLICATION

N.J.A.C. 6A:5

COUNTY _____

ID CODE # _____

DISTRICT _____

ID CODE # _____

“EQUIVALENCY” means approval to achieve the intent of a specific rule through an alternate means that is different from, yet judged to be comparable to or as effective as those prescribed within the rule.

1. List the administrative code citation(s) which necessitate the proposed equivalency.

2. Describe what the district intends to accomplish that is currently prevented or disallowed by an existing rule.

3. Briefly describe why an equivalency is necessary to accomplish the desired or measurable results. Describe your proposed equivalent.

4. Describe the process for informing the community, parents, boards of education members, administration, and staff in the development of the proposal through input and public comment.

5. List the date that the local board of education adopted the resolution for the proposed equivalency. _____

I, _____, certify that the information presented in this application is true and accurate to the best of my knowledge.

CHIEF SCHOOL ADMINISTRATOR

SIGNATURE

DATE