# New Jersey Department of EducationEquivalency Application

“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.

## Instructions

Please submit to the executive county superintendent the completed application and the approved district board of education resolution or other documentation indicating the district board of education’s approval of the application.

As **the Department cannot approve an equivalency for an entire chapter, subchapter or section,** all applications must include a citation at least at the subsection level (e.g., N.J.A.C. 6A:5-1.1(a)). Applications that include a citation for a statute (N.J.S.A. or N.J.S.) or a N.J.A.C. title other than Title 6A will not be accepted.

## Application Form

County: County Code #:

School District: District Code #:

1. **Provide the specific citation(s) for the regulation(s) in Title 6A of the New Jersey Administrative Code (N.J.A.C.) that necessitates the proposed equivalency.**N.J.A.C. 6A:\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Describe what the school district intends to accomplish through the equivalency that is currently prevented or disallowed by the existing rule(s)**.

**3. Describe why an equivalency is necessary to accomplish the desired or measurable result(s).**

**4. Describe how the proposed equivalency meets the following three criteria, pursuant to N.J.A.C. 6A:5-1.3(a):**

* The spirit and intent of N.J.S.A. 18A, applicable Federal laws and regulations, and N.J.A.C. 6A are served by granting the equivalency;
* The provision of a thorough and efficient education to the school district’s students is not compromised as a result of the equivalency; and
* There will be no risk to student health, safety or civil rights by granting the equivalency.

**5. Describe the process, including solicitation of input and public comment, employed to inform the community, parents, district board of education members, administrators and staff during the proposal’s development.**

### Certification

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

Chief School Administrator Name:

Signature: Date (mm/dd/yy):