

[REDACTED]

CALIFORNIA DEPARTMENT OF EDUCATION  
**SPECIFIC WAIVER REQUEST**

SW-1 (Rev. 10-2-09) <http://www.cde.ca.gov/re/lr/wr/>

**First Time Waiver:** \_\_\_

**Renewal Waiver:** \_\_\_

Send Original plus one copy to:  
Waiver Office, California Department of Education

Send Electronic copy in **Word** and  
back up material to: [waiver@cde.ca.gov](mailto:waiver@cde.ca.gov)

1430 N Street, Suite 5602  
Sacramento, CA 95814

		CD CODE					
Local educational agency:		Contact name and Title:				Contact person's e-mail address:	
Sacramento City Unified School District		Ted Appel Principal, Luther Burbank High School				appelt@sac-city.k12.ca.us	

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6. Education Code or California Code of Regulations section to be waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived (or use a **strike out key** if only portions of sections are to be waived). (Attach additional pages if necessary.)  
52055.740. (a) For each funded school, the county superintendent of

