

**West Virginia Board of Education  
Statewide Waiver of WVBE Policies Request Form  
(For Internal Use Only)**

**This form is to be used by WVDE staff to request a Statewide Waiver of WVBE Policy.**

**WVDE Office Requesting Statewide Waiver:** School Operations – Facilities **Date:** 9/12/2024

**County/Counties Initiating Statewide Waiver:** Greenbrier

**Academic Year the Waiver is requested:** 2024-2025

**WVDE Contact Person:** Micah Whitlow **Business Phone:** (304) 558-2969

**E-mail:** [micah.whitlow@k12.wv.us](mailto:micah.whitlow@k12.wv.us)

**WVBE Policy #:** 6204

**Policy Title:** School Closings or Consolidations

**Rationale for Waiver:** A statewide waiver of Policy 6204, section 3.4, is requested to allow counties to complete the required procedures for closing a school on or before February 28 of the calendar year in which the closures or consolidations are to be effective. This extension does not remove counties' responsibility to meet the statutory requirements for the transfer and reduction-in-force of county personnel. Decreases and uncertainties in student enrolment, personnel shortages, and limited school finances necessitate the proposed additional time.

**Proposed Changes/Alternative Solutions by Section:**

Section #	Page #	Specification	Proposed Language
3.4.	6	For all other closures and consolidations, counties must complete the procedures on or before December 31st of the calendar year prior to the calendar year in which the closures or consolidations are to be effective.	For all other closures and consolidations, counties must complete the procedures on or before February 28 of the calendar year in which the closures or consolidations are to be effective.

**Recommendation:** It is recommended that the waiver be granted, allowing counties additional time to complete the closure procedures while still meeting statutory requirements.

**Required Signatures:**

WVDE Signature of the Senior Officer: \_\_\_\_\_ Date: \_\_\_\_\_

WVDE Signature of Office Director/Manager: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Complete this request form and submit to:** West Virginia Department of Education; Attention: Assistant State Superintendent via email at [rjwisema@k12.wv.us](mailto:rjwisema@k12.wv.us) or send to Joey Wiseman, Building 6, Suite 750, 1900 Kanawha Boulevard East, Charleston, West Virginia 25305-0330.

**All Approved waivers are in effect for one year from approval date or for the period of time requested and approved.**