### Request for Flexibility

**Automated Form Template**

**INSTRUCTIONS:** Please write your responses in the boxes below.

<table>
<thead>
<tr>
<th>School Name</th>
<th>High</th>
<th>Centennial High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept</td>
<td>Professionally Development Days</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Additional days without students for school-wide</td>
<td></td>
</tr>
<tr>
<td>Strategic Initiative(s)</td>
<td>Personalized learning</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Members**

**Waiver(s) Requested**

List any waivers from state law, regulation, and/or rule required to implement the concept or Fulton county

**Waiver Number**

| Instructional Days |

**Select the topic(s) that most closely fits your request**

- Personal Fitness
- Incomplete Policy
- School Day
- Other
- Class Size
- Grading Policy
- Instructional Minutes

**Concept Summary**

Describe the need/challenge that your school seeks to address and identify how this

In order to address the needs outlined in the Centennial’s, and FCS’s, Strategic Plans, we require additional Professional Learning Days. Our strategic plan mentions using personalized learning to provide learning opportunities for all students. These release days will center
need/challenge is outlined in your school strategic plan.

Describe the proposed concept, and explain how it addresses the need/challenge identified above.

Supporting documents

Outline the expected results in the columns below. Add additional rows as necessary.

<table>
<thead>
<tr>
<th>Project Outcomes</th>
<th>Short-Term Goals</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased skill set of the faculty and staff to improve education delivery models and increase student achievement.</td>
<td>Teachers fully understand and leverage professional learning communities and other educational resources.</td>
<td>Student achievement increases due to improved classroom experience.</td>
</tr>
</tbody>
</table>

Include any research or evidence that the concept will positively affect your school’s student population. If no research exists, please articulate the rationale for the likelihood of success of the concept and describe your plans for risk mitigation.

Impact on Students and Families, Personnel, Departments, Processes and Schools

Identify and explain - Known Implications

(please choose one)

- **Academics**
- **Nutrition**
- **Personnel/HR**
- **Schedule:**
- **Transportation:**
- **Technology:**
In the space to the right, please identify, to the extent possible, how you plan to modify your school budget to cover additional costs. If applicable, identify external funding sources. Please use the budget template on the next page to provide the estimated costs of the proposed concept.

We are not sure how these days would impact Nutrition and custodial costs.

We do not know what costs might be associated with these days.
*When determining the Amount Budgeted for personnel costs, the principal should consult with the Learning Community Human Resources Director.

**For the Proposed Funding Sources(s), please indicate which of the following funding sources you intend to use: General Fund, Student Activities Fund, School Foundation/PTA, FCS Seed Fund, Grants, or Other (please specify the source).

Initial Vetting

☐ Yes ☐ No ☐ Maybe

CSAT Feedback

-Ensure days are aligned with feeder pattern.

Area Superintendent Decision (Middle)

☐ Yes ☐ Yes with Modification ☐ No