Request for Calendar Variance
from
CCC Office of Education – Basic School Year Calendar

School Name:_____ **School Year:**_____

Please list below any variances from the Office of Education Basic School Year Calendar which your school board has approved for the current school year:

Event	CCC Date	School Date	Rationale

This calendar has been approved by our local school board on (date): _____

_____ _____
Signature of School Board Chairman Signature of Principal

This calendar has been approved by the Office of Education.

_____ _____
Signature of Superintendent of Schools Date