**REQUEST FOR EXCEPTION TO 180 SCHOOL DAYS**
**Nonpublic and Private Schools**

School Name: _____ School Year: _____

Address: _____
(Street) (City) (Zip Code)

County: _____ Telephone Number: _____

**CHECK RESPONSES WHICH APPLY TO YOUR SCHOOL:**

I. Type of School (Check any that apply)

Licensed by PA Department of Education (Private Academic School) _____
Accredited by Middle States Association of Colleges & Schools _____
Accredited by PA Association of Private Academic Schools _____
Accredited by United Private Academic School Association _____
Nonpublic/Nonlicensed School (Private Religious School) _____

II. Level or Levels (Check any that apply)

Kindergarten _____ Elementary (grades 1-8) _____ Secondary (grades 9-12) _____

III. Instructional Hours (Complete any that apply)

Kindergarten:

_____ # of full days @ _____ hours per day = _____ total hours
_____ # of partial days @ _____ hours per day = _____ total hours
_____ # of special days @ _____ hours per day = _____ total hours
TOTAL HOURS FOR THE YEAR: _____

Elementary (grades 1-8):

_____ # of full days @ _____ hours per day = _____ total hours
_____ # of partial days @ _____ hours per day = _____ total hours
_____ # of special days @ _____ hours per day = _____ total hours
TOTAL HOURS FOR THE YEAR: _____

Secondary (grades 9-12):

_____ # of full days @ _____ hours per day = _____ total hours
_____ # of partial days @ _____ hours per day = _____ total hours
_____ # of special days @ _____ hours per day = _____ total hours
TOTAL HOURS FOR THE YEAR: _____

**Return To:**

Department of Education
Bureau of Teaching and Learning
Division of Planning
333 Market Street, 3rd Floor
Harrisburg, PA 17126-03333

I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE:

Signed: _____
(School Administrator)

Date: _____