

Please explain the reason that you are requesting a waiver from the Diocesan expectation that each teacher be licensed/certified. (attach additional pages, as needed.)

Teacher Signature

Date

I approve this application for waiver from the Diocesan expectation of licensing/certification.

Principal/Administrator Signature

Date

**Submit waiver request to: Mary Filippone
Personnel Coordinator
Catholic Schools Office
1626 N. Union Street
Wilmington, DE 19806**

OR mfilippone@cdow.org