

Form: Comment: School Improvement Grant (SIG) Waivers Submitted by: public account

First Name: Robert

Last Name: Tromp

Email Address: rtromp@berea.k12.oh.us

Street Address: 390 Fair Street

City: Berea

State: OH

Zip Code: 44017

Telephone: (216)2672346

Please choose the role that best describes you.: Other - Central Office Administrator Affiliation (e.g., name of district or organization): Berea City School District (043612)

: I believe the carryover would permit the district more latitude to carry out the programs which have just begun.

PLEASE NOTE: This message and any response to it may constitute a public record, and therefore may be available upon request in accordance with Ohio public records law. (ORC 149.43)