



APPLICATION FOR MISSED INSTRUCTIONAL DAYS

2010-2011 SCHOOL YEAR

General Instructions. For Instructional Days Missed Due to Weather, Health or Safety Issues, please complete Sections 1, 2, 3, and 4. **Bolded** items in Section 2 and Section 3 must be completed. Please direct questions to the State Waiver Unit at (512) 463-9630 or www.tea.state.tx.us/waivers. **Application due no later than June 24, 2011.**

SECTION 1. PLEASE COMPLETE THIS SECTION.

District Name: Waskom ISD County/District No. 102-903 Telephone No. (903)-627-3361
Campus Name: Elem. MS - HS Campus No. - Elem. 103 MS 041 HS 002
Address: P.O. Box 748 Fax No. (903)-627-3253
City, State, Zip: WASKOM, TX 75092 Telephone No. (903)-627-3361 Email: jcox@waskomisd.net
Contact Person: Jimmy E. Cox Ext. # 1000

SECTION 2. PLEASE COMPLETE THIS SECTION.

Superintendent: Jimmy E. Cox Jimmy E. Cox
☐ Dr. ☐ Mr. Typed Name Signature
☐ Mrs. ☐ Ms.
Board President: Michael Allwhite _____
Typed Name Signature

Date Board Approval: _____
Board Vote - For _____ Against _____ Abstain _____ Absent _____

SECTION 3. PLEASE COMPLETE THIS SECTION FOR ALL WAIVERS.

Comments of appropriate Site-Based Decision Making Committee: Desire to extend two local
early release days (April 21 and May 27) to make up for the second
SBDM Committee Chairperson Signature bad weather day on Good Friday (April 22)

SECTION 4. PLEASE COMPLETE THIS SECTION FOR DATES AND REASONS FOR DAYS MISSED.

☐ **Missed Instructional Days**, pursuant to TEC §25.081. Allows the district or campus to request a waiver if instructional days are missed due to weather, health, or safety related issues be excused. The first two days missed for any reason **must** be made up.

Reason	Date(s) (mm/dd/yy)	Explanation
<input checked="" type="checkbox"/> Weather	<u>04-22-11</u>	<u>Desire to extend two local early release days</u> <u>(April 21 and May 27) to make up for the second</u> <u>bad weather day on April 22, 2011 (Good Friday).</u>
<input type="checkbox"/> Health	_____	_____
<input type="checkbox"/> Safety	_____	_____
<input type="checkbox"/> Other	_____	_____

ALL APPLICATIONS SHOULD BE MAILED OR FAXED NO LATER THAN June 24, 2011. THE FAX NUMBER IS (512) 475-3666.

State Waiver Unit | Texas Education Agency | 1701 North Congress Avenue | Austin, TX 78701-1494 | Phone (512) 463-9630

09-08-10

TEA Policy Regarding MAKE-UP DAYS for 2010-11

Scenario:	TEA Policy:
Missed more than two (2) instructional days for weather/health/safety reasons.	Two (2) make-up days are required to be used. Approval to excuse additional days must be requested.*
District forced to close only SOME campuses for one or more days because of a weather-related occurrence or a health/safety issue.	Days missed do not have to be made up. Not necessary to request that a day missed at a campus be made up.
Missed one or more days due to bad weather after scheduled make-up day(s) has (have) already passed and were not used for make-up days.	Day(s) missed (up to two) must be made up, even if the day(s) set aside for make-up has (have) passed.
Below average attendance on a make-up day.	Day(s) <u>will not</u> be excused. TEA does not grant attendance excuses for low attendance on a make-up day.
Closed campus all day for UIL academic district competition.	Day(s) does (do) not need to be made up.
District wants to have an early release day on their make-up day(s).	An early release on a make-up day <u>will not</u> be allowed. All other requests will be forwarded to the State Waivers Unit (512/463-9630).

*APPLICATION FOR MISSED INSTRUCTIONAL DAYS 2010-2011 SCHOOL YEAR form is available on the State Waivers Unit website at http://www.tea.state.tx.us/index2.aspx?id=6637&menu_id=932&menu_id2=788.

Submit ALL requests or applications **no later than June 24, 2011** to:

State Waivers Unit
Texas Education Agency
1701 North Congress Avenue, Austin, TX 78701-1494
Fax: 512-475-3666

Reference:

Student Accounting Handbook, Section (3.8.2) at: <http://www.tea.state.tx.us/index2.aspx?id=7739>

PLEASE DIRECT ANY QUESTIONS TO THE STATE WAIVERS UNIT AT (512) 463-9630.



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District Name: WASKom ISD
 Campus Name: Elem. - M.S. - H.S.
 Address: P.O. Box 748
 City, State, Zip: WASKom, Tx. 75692
 Contact Person: Jimmy E. Cox

County/District No. 102 - 403 Telephone No. (903) - (627) - 3361
 Campus No. - Elem. - 103 MS - 041 HS - 002
 Fax No. (903) - 627-3361

Telephone No. (903) - 627-3361 Email: jcox@waskomisd.net
 Ext. # 1000

SECTION 2. PLEASE COMPLETE THIS SECTION.

Superintendent: Jimmy E. Cox
☐ Dr. ☒ Mr. Typed Name
☐ Mrs. ☐ Ms.
 Board President: Michael Allwhite
 Typed Name

Jimmy E. Cox
 Signature
Michael Allwhite
 Signature

Date Board Approval: 2-14-11
 Board Vote - For 6 Against 0 Abstain 0 Absent 1

SECTION 3. PLEASE COMPLETE THIS SECTION FOR ALL WAIVERS.

Comments of appropriate Site-Based Decision Making Committee: Missed 3 days due to weather. Made up the first two days as indicated on our board approved calendar.
 SBDM Committee Chairperson Signature Margie Beck

SECTION 4. PLEASE COMPLETE THIS SECTION FOR DATES AND REASONS FOR DAYS MISSED.

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Reason	Date(s) (mm/dd/yy)	Explanation
<input checked="" type="checkbox"/> Weather	<u>02-09-11</u>	<u>Missed day due to snow and ice. This is our third weather day this school year. Made up the first two days as indicated on our board approved calendar. (Presidents Day - Feb. 21, 2011) (Good Friday - April 22, 2011)</u>
<input type="checkbox"/> Health	_____	_____
<input type="checkbox"/> Safety	_____	_____
<input type="checkbox"/> Other	_____	_____

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