

Digital Learning Contingency Plan -- Act 1240 Waiver Request Form

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Physical Attendance	Ark. Code Ann. § 6-18-213(a)(2)
Clock Hours (for 9-12 only)	Standard for Accreditation 1-A.2
Recess (for Elementary only)	Ark. Code Ann. § 6-16-102(a)(5) Standard for Accreditation 1-A.4.3 DESE Rules Governing Nutrition and Physical Activity, Sec. 7.11

All contingency virtual learning must follow mandated class sizes, teaching load, and instructional time. To obtain these waivers, the school district must agree to submit a full DLP to DESE LEA Insights by 5:00 p.m. on **September 1, 2021**. If a plan is not received by the deadline, waivers granted under this request will expire immediately. If a plan is received by the deadline, waivers granted under this request will stay in place until the DLP is reviewed by the State Board. If the State Board approves the DLP, the waivers requested in the DLP will replace waivers granted under this contingency request. If the State Board does not approve the DLP, the Board will decide what happens to the waivers granted under this request. Districts that previously had a digital plan approved for specific grade bands, but want to include other grades will need to participate in this contingency waiver for those grades. DESE Support Staff will assist the district with an addendum to their DLP.

School District Name	Cabot Public Schools (4304000)
Superintendent Name	Dr. W. Tony Thurman
Contact Person Name	Aaron M. Randolph
Contact Person Phone Number	501-843-3363

By signing this form, I request that DESE request the above Act 1240 waivers on behalf of my school district for the grades and schools listed below. I understand that these waivers are only to be used for purposes of a contingency plan for virtual programming in response to COVID-19. I understand that these waivers will expire on September 1, 2021, if I do not submit a DLP by that deadline.



Superintendent Signature

8/4/21

Date

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

Central Elementary School P-4, Eastside Elementary School K-4, Magness Creek Elementary School P-4, Mountain Springs Elementary School P-4, Northside Elementary School P-4, Southside Elementary School K-4, Stagecoach Elementary School K-4, Ward Central Elementary School P-4, Westside Elementary School P-4, Cabot Middle School North 5-6, Cabot Middle School South 5-6

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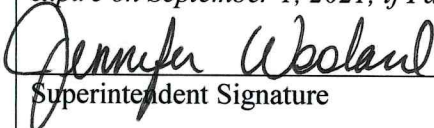
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School District Name	Corning School District
Superintendent Name	Jennifer Woolard
Contact Person Name	Shelley Smith
Contact Person Phone Number	870-857-6818

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 _____
Superintendent Signature

8-5-21
Date

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Corning Middle School 5-8
Park Elementary School K-4
Corning High School 9-12

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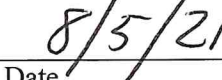
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School District Name	Cross County School District
Superintendent Name	Nathan Morris
Contact Person Name	Nathan Morris
Contact Person Phone Number	870-588-3338

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Superintendent Signature



Date

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Cross County Elementary Technology Academy K-2 (3-6 is already approved)

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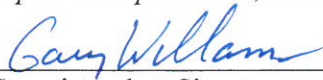
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School District Name	Crossett School District
Superintendent Name	Gary Williams
Contact Person Name	Gary Williams or Barbara Garner
Contact Person Phone Number	870-364-3112

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 August 9, 2021
 Superintendent Signature Date

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

Crossett Elementary School Crossett Middle School Crossett High School Crossett Academy (ALE)
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School District Name	Elkins
Superintendent Name	Jeremy Mangrum
Contact Person Name	Paula Wheeler
Contact Person Phone Number	(479) 643-2172

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8-4-21
 Superintendent Signature Date

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

Existing waivers in place for Elkins School District grades 3-12
 Additional waiver being requested for Elkins Primary School, K-2

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School District Name	Forrest City School District
Superintendent Name	Dr. Tiffany Hardrick
Contact Person Name	Dr. Veronica Perkins (veronica.perkins@fcsd.grsc.k12.ar.us)
Contact Person Phone Number	870 633 1485

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Date 7/28/21
 Superintendent Signature

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

All Schools—Central Elementary: K-2; Stewart Elementary: 3-5; Lincoln and Forrest City Jr. High: 6-8; Forrest City High School: 9-12; FCSD Alternative Learning

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School District Name	Helena-West Helena
Superintendent Name	Linda English
Contact Person Name	Jewel Hamilton
Contact Person Phone Number	870-338-4404

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 Superintendent Signature

8/10/21

 Date

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

The waiver will apply to J.F.Wahl Elementary School K-4.

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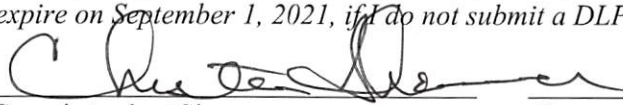
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School District Name	JACKSON COUNTY SCHOOL DISTRICT
Superintendent Name	CHESTER SHANNON
Contact Person Name	CHESTER SHANNON
Contact Person Phone Number	870 -

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 8-2-2021
 Superintendent Signature Date

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TUCKERMAN ELEMENTARY - K-4
SWIFTON MIDDLE SCHOOL - 5-7
TUCKERMAN HIGH SCHOOL - 8-12

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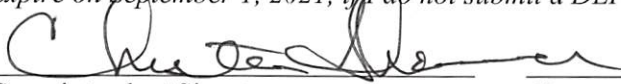
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Superintendent Name	CHESTER SHANNON
Contact Person Name	CHESTER SHANNON
Contact Person Phone Number	870 -

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 8-2-2021

Superintendent Signature

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TUCKERMAN ELEMENTARY - K-4
SWIFTON MIDDLE SCHOOL - 5-7
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School District Name	Lakeside
Superintendent Name	Shawn Cook
Contact Person Name	Jamie Preston
Contact Person Phone Number	501-262-1880

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Superintendent Signature

Aug 2nd 2021

Date

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DESE Primary = 2606039 (K-1)	DESE Junior high 2606045 (7-8)
DESE Intermediate = 2606042 (2-4)	DESE High School 2606044 (9-12)
DESE Middle School = 2606043 (5-6)	

Digital Learning Contingency Plan -- Act 1240 Waiver Request Form

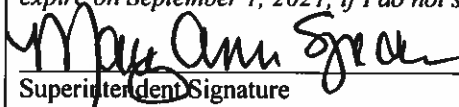
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Physical Attendance	Ark. Code Ann. § 6-18-213(a)(2)
Clock Hours (for 9-12 only)	Standard for Accreditation 1-A.2
Recess (for Elementary only)	Ark. Code Ann. § 6-16-102(a)(5) Standard for Accreditation 1-A.4.3 DESE Rules Governing Nutrition and Physical Activity, Sec. 7.11

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School District Name	Lincoln Consolidated School District
Superintendent Name	Dr. Mary Ann Spears
Contact Person Name	Traci Sink / Michele Price
Contact Person Phone Number	479-824-7350 479-824-7400

By signing this form, I request that DESE request the above Act 1240 waivers on behalf of my school district for the grades and schools listed below. I understand that these waivers are only to be used for purposes of a contingency plan for virtual programming in response to COVID-19. I understand that these waivers will expire on September 1, 2021, if I do not submit a DLP by that deadline.


8/6/2021
 Superintendent Signature Date

Please list the schools and grades to which the waivers will apply in the following format: DESE Middle School 5-8, DESE Elementary School K-4, DESE West Elementary School K-4, etc.

Lincoln Elementary School, K-3
 Lincoln Middle School, 4-8

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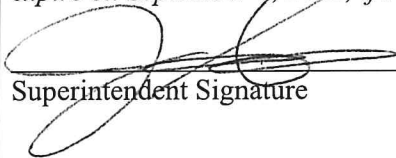
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School District Name	Lonoke School District
Superintendent Name	Jeff Senn
Contact Person Name	Karen Gibbs
Contact Person Phone Number	501-676-7090

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Superintendent Signature

8/9/21

Date

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Lonoke Primary School K-2
Lonoke Elementary School 3-5
Lonoke Middle School 6-8
Lonoke High School 9-12

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School District Name	
Superintendent Name	
Contact Person Name	
Contact Person Phone Number	

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7-29-21

 Superintendent Signature Date

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K-6, 7, 8.

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School District Name	Rivercrest School District
Superintendent Name	Bill Crowder
Contact Person Name	Shantele Raper
Contact Person Phone Number	870-655-0805

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Superintendent Signature

7-29-2021
Date

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K-6th Grade- Rivercrest Elementary School
7-8th Grade-Rivercrest Junior High
9th-12th -Academies of Rivercrest

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School District Name	Scranton
Superintendent Name	Toby Cook
Contact Person Name	Toby Cook
Contact Person Phone Number	4792140911

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8-9-21
 Superintendent Signature Date

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Scranton Elementary (k-6)
Scranton High School (7-12)

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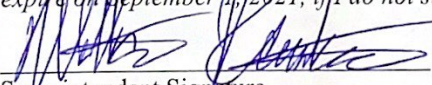
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School District Name	Carlisle School District
Superintendent Name	William Rountree
Contact Person Name	Megan Aukes
Contact Person Phone Number	870-552-3261

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8/19/2021
 Superintendent Signature Date

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Kindergarten, First, and Second Grades - Carlisle Elementary

*Carlisle School District already has an approved DLP for grades 3-8.

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School District Name	Huntsville School District
Superintendent Name	Judra Kimball
Contact Person Name	Judra Kimball
Contact Person Phone Number	479-738-2011

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Judra Kimball 8/10/21
 Superintendent Signature Date

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Watson Primary School K-2 Saint Paul Elementary K-2
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