



## Inclement Weather Calendar Waiver Request

<b>District:</b>	<b>Bergman</b>
<b>LEA Number:</b>	0502000
<b>Superintendent:</b>	Sarah Alexander
<b>Email:</b>	salexander@bergman.k12.ar.us
<b>Contact for Waiver:</b>	Sarah Alexander
<b>Contact Email:</b>	salexander@bergman.k12.ar.us
<b>Contact Phone:</b>	870-416-4713
<b>Date Received by DESE:</b>	

By submitting this waiver request, the Superintendent certifies that the following requirements have been met:

1. The local board has approved the waiver request and revised calendar.
2. The personnel policy committee (PPC) has approved the revised calendar.
3. The revised calendar has been posted on the district's website.
4. The calendar reflects 1,068 hours of in-person student instruction that will be provided during the 2023-2024 school year.

Further, the Superintendent certifies that the district will input into eSchool, eFinance, or APSCN, all data that affects the ADM of the public school district; and ensures compliance with the required minimum number of school instructional hours.

<b>Topic:</b>	Alternate School Calendar Submission Deadlines
<b>Standards/Statutes/Rules:</b>	Ark. Code Ann. § 6-10-106(g)(3) regarding calendar submission deadline
<b>Duration Requested:</b>	2023-2024 School Year
<b>Schools, Grades or Classes the Waiver Will Apply To</b>	K-12
<b>PURPOSE OF THE WAIVER (Must check at least one)</b>	<input checked="" type="checkbox"/> Allow the district to transition to an alternate calendar requiring 1,068 hours of student instruction

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I am also requesting that the Division waive Ark. Code Ann. § 6-18-213(b), which requires that the official reporting period for attendance shall be quarterly with the actual number of days counted in each period to be no less than forty (40) nor more than fifty (50).

