

School Closure Form

Date: _____

- Review the Emergency Closure Procedures (AR 6111).
- Complete the school closure form and email or fax it to the superintendent’s office. Send page one only.
- Send a copy to the data specialist in the Assessment Department and the Director of Financial Services as soon as practicable, but soon enough to meet the state 24-hour notice requirement.

To Be Completed by the School

1. Name of school
2. Responsible Official:
3. Date School was cancelled or shortened:
4. School closure time:
5. Reason (describe):
6. Did students meet minimum day requirements? (click box) YES NO
7. Did staff members work a full day? (click box) YES NO
8. Emergency closure day #: (i.e., 1st, 3rd, etc.)
9. Time reported to Superintendent’s Office:
10. To whom was the closure reported:
11. Initial plan to make up lost student day: (leave blank if the answer to #6 is a YES or the closure days have not exceeded four)
12. Initial plan to make up lost teacher day: (leave blank if the answer to #7 is a YES)
13. Name classified staff, if any, who was directed by the supervisor to work:

To Be Completed By The Superintendent’s Office

Person processing this notice:

Date:

Date of request to Commissioner for calendar change:

Date of calendar amendment to EED:

Date of calendar change to Board of Education if required:

Final resolution to make up requirements: (dates, etc.)

Other Comments

Adopted 5/17