

**GOVERNING BOARD AGENDA ITEM FORM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: April 13, 2010

TITLE: Governing Board Certification Of Absence Approval Request – Updated

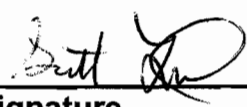
BACKGROUND:

Arizona Revised Statute §15-902 allows Governing Boards to request that the Arizona Department of Education adjust the calculation of absences in the event of widespread illnesses and chronic health conditions. The school funding formula penalizes school districts when their absence rates exceed 6%.

The district currently has an absence rate of 6.14% in grades K–8 and a rate of 12.83% at grades 9-12.

RECOMMENDATION:

The Administration recommends the Governing Board certify the enclosed request to allow the Arizona Department of Education to adjust the district's Average Daily Attendance counts.

INITIATOR:	 Signature	Scott Little, Chief Financial Officer 4/12/2010 Name/Title	Date
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**ASSOCIATE SUPERINTENDENT
SIGNATURE:**

SUPERINTENDENT SIGNATURE:



**GOVERNING BOARD CERTIFICATION OF ABSENCE APPROVAL
REQUEST(S)**

**(Widespread Illness – Adverse Weather – Concerted Refusal –
Threats of violence – Chronic Health Problems)**

STATE OF ARIZONA

)

)

County of Pima

)

Percentage of state aid absences for the school district: 8.53%

Total number of state aid Absence Approvals requested:21,348

I, Jeff Grant, the duly elected President of the Governing Board of Amphitheater Unified School District #10 – CTDS 100210000, do hereby certify that during a meeting of said board held in Tucson, Arizona on April 13,2010, the Board has reviewed the Absence Approval Request(s), and the documentation to support the request.

This certification verifies that: the documentation supports the Absence Approval Request(s); the documentation is on file within the school district/charter; the documentation will be made available to the Arizona Department of Education upon request, and the Governing Board has adopted policies and procedures concerning pupils with chronic health problems in accordance with ARS § 15-346 A.1.2.

I further certify that said meeting was duly called and regularly convened and was attended throughout the majority of the members of said Board and that said certification has not since been altered or rescinded.

In witness whereof, I hereunto set my hand and seal of said Board on April 13, 2010.

President

ABSENCE APPROVAL REQUEST DISTRICT RECAP

Date: 04 / 13 / 10

PART A.

District/Charter Name: Amphitheater Unified County-Type-District-School 10_02_10_000

PART B.

State Aid Absences Due to:

	Widespread Illness	Adverse Weather	Concerted Refusal	Threat to The School	Chronic Health and Accident	Total
Preschool Disabled						
Kindergarten	2,375					2,375
Elementary (1-8)	11,903					11,903
High School (9-12)	7,070					7,070
DISTRICT TOTAL	21,348					21,348

INSTRUCTIONS:

PART A.: Enter your district's name and county-type-district-school number.

(Please enter your school number as well as the C-T-D).

PART B: Totals for Widespread Illness, Adverse Weather, Concerted Refusal, Threat and Chronic Health and Accident are arrived at by adding the totals shown in Part D. And E. of the Absence Approval request (Identification of Impacted Periods of Three consecutive days or More) and part C. of the (Chronic Health Problems) form.

Enter the totals, by level (Preschool Disabled, Kindergarten, Elementary (1-8), or High School (9-12)