



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Application for Low Attendance Days for Gonzalez Middle School for April 20, 2009

SUBMITTED BY: Gloria S. Rendon **OF:** Superintendent's Office

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

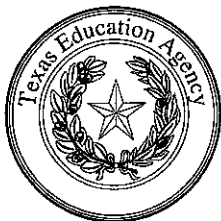
DATE ASSIGNED FOR BOARD CONSIDERATION: May 19, 2009

RECOMMENDATIONS:

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:



APPLICATION FOR LOW ATTENDANCE DAYS

2008-2009 SCHOOL YEAR

General Instructions. For Instructional Days Missed and/or Low Attendance Days 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 May 20, 2009.**

SECTION 1. PLEASE COMPLETE THIS SECTION.

District Name: United ISD County/District No. 240 - 903 Telephone No. (956) - 473 - 7000
 Campus Name: Antonio Gonzalez Middle School Campus No. 240903 - 053
 Address: 5208 Santa Claudia Ln. Fax No. (956) - 473 - 7099
 City, State, Zip: Laredo, TX 78043
 Contact Person: Gloria S. Rendon Telephone No. (956) - 473 - 6219 Email: grendon@uisd.net

SECTION 2. PLEASE COMPLETE THIS SECTION.

Superintendent: Roberto J. Santos _____
 Dr. Mr. Typed Name _____ Signature _____
 Mrs. Ms.
 Board President: Pat Campos _____
 Typed Name _____ Signature _____
 Date Board Approval: May 19, 2009
 Board Vote – For _____ Against _____ Abstain _____ Absent _____

SECTION 3. PLEASE COMPLETE THIS SECTION FOR ALL WAIVERS.

Comments of appropriate Site-Based Decision Making Committee: _____

SBDM Committee Chairperson Signature _____

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

Low Attendance Days, pursuant to TEC §25.081. Allows the district or campus to request that any instructional days with attendance at least ten (10) percentage points below the last school year's average attendance due to weather, health or safety issues be excluded from ADA calculations for the current school year.

Date(s)	Campus Name(s)	Reason (W = Weather, H = Health, S = Safety, O = Other)	% of Attend.	Average % Attend./Previous Year
<u>April 20, 2009</u>	<u>Gonzalez Middle School</u>	<input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> S <input checked="" type="checkbox"/> O <u>Death of Student</u>	<u>83.46%</u>	<u>95.04%</u>
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ALL APPLICATIONS SHOULD BE MAILED OR FAXED NO LATER THAN May 20, 2009. 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