



Waiver Request System

Submission

Instructions:

- Fields marked with an asterisk (*) are required.
- The format for all dates is mm/dd/yyyy.
- Use the 'Attachments' section below to attach all supporting documents if required.
- Make sure all information is accurate before selecting submit. You will not be able to edit this waiver once you have submitted the form.
- DO NOT at any time hit the back button. You will lose all your information.
- Use brackets [] for putting Education Code section to be waived. See FAQ for details.
- Do not use abbreviations for bargaining units.
- Refer to the FAQ for general questions.
- The waiver request page is time sensitive. You must be able to complete the waiver request within two hours. Failure to complete and submit the waiver request in the two hours will result in the loss of all previously entered information.

District Information

*County:

*District:

*Address:

*City:

*State:

*Zip code:

Fax:

Waiver Information

*Period of request start date:

*Period of request end date:

*Is this waiver a renewal? ☐ No ☒ Yes

*Previous waiver number:

*Previous SBE approval date:

*Waiver topic:

*Ed Code title:

*Ed Code section:

*Ed Code authority: 52863

*Education Code or California Code of Regulations (CCR) section to be Waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived (use [] to strike out).

(a) A schoolsite council shall be established at each school that participates in school-based program coordination. The schoolsite council shall be composed of the principal and representatives of: teachers selected by teachers at the school; other school personnel selected by other school personnel at the school; parents of pupils attending the school selected by the parents; and, in secondary schools, pupils selected by pupils attending the

*Student population 100

*Located in a(n) Suburban city

*Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. If more space is needed, please attach additional documents using the 'Attachments' section below.

This waiver will allow a reduction in the number of teachers that will be required to serve on the School Site Council. Davis School for Independent Study is a K-12 school with ten teachers, making the Site Council membership requirement for representation by four teachers difficult to meet. The site proposes representation by two teachers instead of the required four teachers, and a subsequent reduction of both parent and student representation from three to two members for the maintenance of parity between school and community representation in the oversight of the school's programs and budget.

*What is the name of the rural school site? Davis School for Indepe

Approvals/Review

*Local board approval date: 09/20/2018

*Please identify the appropriate council(s) or advisory committee(s) that reviewed this waiver.

Rob Kinder, Alex Furlow, Marvie Paulson, Matt Haines, Jenny Singer, Sonia Sutton, Cypher Mci

*Date the committee/council reviewed the waiver request: 09/12/2018

*Were there any objection(s) ☒ No ☐ Yes

Bargaining Unit

If the specific waiver you are submitting requires bargaining unit participation select yes and fill out the information. If it does not require bargaining unit participation, select no.

*Does the district have any employee bargaining units? ☐ No ☒ Yes

*Bargaining unit consulted on date: 09/13/2018

*Bargaining unit name: Davis Teachers Association

*Representative first name: Frank

*Representative last name: Thomsen

*Representative title: President

*Position of bargaining unit: ☐ Neutral ☒ Support ☐ Oppose

Attach/Add bargaining unit Cancel

Attachments

*Is this waiver associated with an apportionment related audit penalty? (per EC 41344) ☒ No ☐ Yes

*Has there been a Categorical Program Monitoring (CPM) finding on this issue? ☒ No ☐ Yes

If needed, upload additional file(s) here (must be Word, Excel, or PDF format)

No file chosen

Contact Information

*Title: ▼

*First name:

*Last name:

*Position:

*E-mail:

*Area code:

*Telephone:

Extension:

☐ I hereby certify that I have gone through my authorizing school district and or Special Education Local Plan Area (SELPA), that I am the superintendent or the superintendent's designee and that the information provided on this application is true and correct.

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Questions: Waiver Office | 916-319-0824

California Department of Education
1430 N Street
Sacramento, CA 95814

[Web Policy](#)