

**SPECIFIC WAIVER: SCHOOL SITE COUNCIL- COMPOSITION OF MEMBERS**

First Time Waiver:

SW-1 (Rev. 10-2-2009) <http://www.cde.ca.gov/re/lr/wr/>

Renewal Waiver:

Send Original plus one copy to:  
 Waiver Office, California Department of Education  
 1430 N Street, Suite 5602  
 Sacramento, CA 95814

Send electronic copy in **Word** and  
 back-up material to: [waiver@cde.ca.gov](mailto:waiver@cde.ca.gov)

CD CODE						
5	7	7	2	6	7	8

Local educational agency: Davis Joint Unified School District			Contact name and recipient of approval/denial notice: Kitty Hudson Cawley			Contact person's e-mail address: khudson@djUSD.net		
Address: 526 B Street		(City) Davis	(State) CA	(ZIP) 95616	Phone (and extension, if necessary): (530) 757-5300 ext 149			Fax number: (530) 757-4323
Period of request: (month/day/year) From: 07/01/2016 To: 06/30/2018				Local board approval date: (Required) To be determined – by June 2, 2016				

**LEGAL CRITERIA**

- Authority for the waiver: Write the Education Code (EC) Section citation, which authorizes the waiver of the specific EC Section you want to waive:  Specific code section: **52863**

*EC 52863* Any governing board, on behalf of a school site council, may request the State Board of Education to grant a waiver of any provision of this article. The State Board of Education may grant a request when it finds that the failure to do so would hinder the implementation or maintenance of a successful school-based coordinated program. (Effective for 2 years only, may be renewed)
- California *Education Code* or *California Code of Regulations* or portion to be waived.  
 Section to be waived: (number) **EC 52852**

Requesting reduced composition in members for a small school. (Statute requires 12 members for a high schoolsite council and 10 members for elementary schoolsite council).
- If this is a renewal of a previously approved waiver, please list Waiver No: **3-5-2014-W-12** and date of SBE approval **9-3-2014**
- Collective bargaining unit information.

Does the district have any employee bargaining units?  No  Yes If yes, please complete required information below:

**Bargaining unit(s) consulted on date(s): 5/12/2016**

Name of bargaining units and representative(s) consulted: **Davis Teachers Association, President F. Thomsen**

The position(s) of the bargaining unit(s):  Neutral  Support  Oppose (Please specify why)

Comments (if appropriate):
- Advisory committee or school site council that reviewed the waiver (All involved are REQUIRED).  
 Name: **King (Martin Luther) Continuation High School Site Council**

Date advisory committee/council reviewed request: **3/11/2016**

Approve  Neutral  Oppose

Were there any objection? Yes  No  (If there were objections please specify)

CALIFORNIA DEPARTMENT OF EDUCATION  
**SPECIFIC WAIVER REQUEST**  
 SW-1 (Rev. 10-2-2009)

<p>6. Education Code or California Code of Regulations section to be waived. Use a strike-out key if only portions of sections are to be waived).</p> <p><i>EC 52852 A schoolsite council shall be established at each school which participates in school-based program coordination. The 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 such parents; and, in secondary schools, pupils selected by pupils attending the school.</i></p>		
<p>7. Desired outcome/rationale. State what you hope to accomplish with the waiver. 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. (Attach additional pages if necessary.)</p> <p><b>This waiver will allow a reduction in the number of teachers that will be required to serve on the School Site Council. King Continuation High School is a 10<sup>th</sup>–12<sup>th</sup> grade school with 6 teachers, making the Site council membership requirement of representation by four teachers difficult to meet. The site proposes representation by two teachers instead of the required four teachers, and a subsequent reduction in the number of both students and parents from three to two for the maintenance of parity between school and community representation in the oversight of the school's programs and budget.</b></p>		
<p>8. Demographic Information:  <b>King Continuation High School has a student population of 70 students and is located at 635 B Street in central Davis in Yolo County.</b></p>		
<p>Is this waiver associated with an apportionment related audit penalty? (per EC 41344) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes        (If yes, please attach explanation or copy of audit finding)</p> <p>Has there been a Coordinated Compliance Review finding on this issue? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes        (If yes, please attach explanation or copy of CCR finding)</p>		
<p><b>District or County Certification – I hereby certify that the information provided on this application is correct and complete.</b></p>		
Signature of Superintendent or Designee:	Title: <b>Superintendent</b>	Date: <b>6-3-2016</b>
Signature of SELPA Director (only if a Special Education Waiver)		Date:
<b>FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY</b>		
Staff Name (type or print):	Staff Signature:	Date:
Unit Manager (type or print):	Unit Manager Signature:	Date:
Division Director (type or print):	Division Director Signature:	Date:
Deputy (type or print):	Deputy Signature:	Date: