

**REQUEST FOR ALLOWANCE OF ATTENDANCE
BECAUSE OF EMERGENCY CONDITIONS
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: **El Dorado County Office of Education**

School District (or Charter School) Address: **6767 Green Valley Rd, Placerville CA 95667**

County-District Code: **09-10090**

County Name: **El Dorado**

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education
School Fiscal Services Division
California Department of Education
1430 N Street, Suite 3800
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

SCHOOL CLOSURE

Nature of Emergency (describe):

Impassible roads due to inclement weather, and power outages.

Name of School(s):
(if request covers all schools, write "all schools")

Special Education

School Code(s): **09-10090-6069470**

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):

Program located at Gold Oak School – Jan 3, 2017 and Jan 23-27, 2017 (total 6 days)

Program located at Camino Union School – Mar 6, 2017 (1 day)

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

AFFIDAVIT OF GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the El Dorado County Office of Education school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

_____	_____
Georgianne Knight	_____
Debbie Akin	_____
Rich Fischer	_____
John Lane	_____
Heidi Weiland	_____
_____	_____
_____	_____
Printed Names	Signatures

At least a majority of the members of the governing board shall execute this affidavit.

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.
Signature, Title _____
of _____ County, California

Contact/Individual responsible for preparing this form:

Name: Diane Lacombe Title: Director, Internal Business
Phone: 530-295-2215 Fax : 530-621-2543 E-mail: dlacombe@edcoe.org

AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools _____
Date: _____

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.
Signature, Title _____
of _____ County, California

Contact/Individual responsible for preparing this form:

Name: _____ Title: _____
Phone: _____ Fax : _____ E-mail: _____