

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

School District (or Charter School) Name: **Point Arena Schools**

School District (or Charter School) Address: **P.O. Box 87 Point Arena, CA 95468**

County-District Code: **23-76349**

County Name: **Mendocino**

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):

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

School Code(s):

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):

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:

MATERIAL DECREASE

Nature of Emergency (describe): **Weather – related power outages, road closures, fallen debris due to high winds, and flooding**

Name of School:

(if request covers all schools, write "all schools")

All Schools

School Code(s): **1) 23-65557-6025092, 2) 23-65599-2333649, 3) 23-65599-2330108**

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) **February 6, 2015** during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA):

1) 242.95 students per day (for school code 23-65557-6025092)

2) 125.45 students per day (for school code 23-65599-2333649)

3) 7.49 students per day (for school code 23-65599-2330108)

Total ADA (based on October 2014 ADA): 375.89 ADA

Estimated daily attendance multiplied by number of days of material decrease, yields **375.89 x 1 day = 375.89** days of attendance requested.

State method of determining estimated daily attendance (October or May ADA):

ADA for school month beginning on **October 1, 2014** and ending on **October 31, 2014**.

Actual apportionable attendance for days of material decrease:

<u>Site: Arena Union Elementary</u>	<u>Date: 2/6/2015</u>	<u>Actual Attendance: 192</u>
<u>Site: Point Arena High School</u>	<u>Date : 2/6/2015</u>	<u>Actual Attendance: 97</u>
<u>Site: South Coast High School</u>	<u>Date : 2/6/2015</u>	<u>Actual Attendance: 1</u>

LOST OR DESTROYED ATTENDANCE RECORDS

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with _____, 2____, up to and including, _____, 2_____.

Describe circumstances and extent of records loss or destruction:

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:

AFFIDAVIT OF GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the **Arena Union Elementary/Point Arena Joint Union High** school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

Ron Miles

Cindy Cione

Leslie Bates

Jim DeWilder

Bob Gardiner

M. Vikki Robinson

Bob Shimon

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 **6th** day of **April, 2015**.

Signature, Title _____

Dr. Colleen Cross, Superintendent

of **Mendocino** County, California

Contact/Individual responsible for preparing this form:

Name: **Catherine Chin** Title: **Business Manager**

Phone: **(707) 882-2803** Fax : **(707)882-2848** E-mail: **cchin@mcn.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: _____

AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Approval by Superintendent of Authorized Local Educational Agency (LEA)

Signature, Title _____
of _____ (LEA).

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: _____