# Waiver Application Packet

As a result of COVID-19 and the closing of school buildings, school districts must submit an application to waive 2019-2020 attendance requirements in order to receive exemption from KSA 72-3115. (1,116 attendance hours for all students and 1,086 attendance hours for high school seniors)

To apply for the waiver, you must complete and submit by April 8th the following items contained within this document:

1. Waiver Application
2. Assurances Document
3. Continuous Learning Plan Application

All required documents must be emailed as a single package to [CLPlan@ksde.org](mailto:CLPlan@ksde.org) by Wednesday, April 8, 2020.

### Please direct questions to the following:

* Waiver Application: [ddennis@ksde.org](mailto:ddennis@ksde.org)
* Plan for Continuous Learning: [mmiller@ksde.org](mailto:mmiller@ksde.org)

To access Continuous Learning guidance documents and resources, visit: <https://sites.google.com/ksde.org/kansascontinuouslearning2020/home>

# Application to Waive 2019-2020 Attendance Requirements

Date Click or tap here to enter text.

School District Name Click or tap here to enter text. USD number

Superintendent name Click or tap here to enter text.

Board President name: Click or tap here to enter text.

1. Who closed your schools? (Check all applicable)

County Health Department

Secretary of Health and Environment

Governor

Military Base Commander

1. How many hours was your school district open during the 2019-20 school year?

Click or tap here to enter text. hours

1. How many hours are you requesting be waived from school term of 1,116 hours for the 2019-20 school year?

Click or tap here to enter text. hours

**Note**

The Continuous Learning Plan Application must be completed and submitted as part of the waiver request.

# Assurances Document

Date Click or tap here to enter text.

School District Name Click or tap here to enter text. USD number

This assurances document needs to be returned to KSDE with your request to waive attendance requirements and your continuous learning plan no later than Wednesday April 8, 2020, to indicate that the district will adopt a plan to ensure continuous learning for all students through the remainder of the 2019-2020 school year.

USD number hereby assures the Kansas State Board of Education it will follow the requirements for a Continuous Learning Plan for the remainder of the 2019-2020 school year:

1. USD number assures the State Board that it will develop a continuous learning plan that will meet the Kansas requirement for a waiver of the minimum requirement of 1,116 hours of school.
2. USD number assures the State Board that it will pay all current hourly employees during the balance of the 2019-2020 school year based on the plan developed and approved by the local Board of Education.
3. USD number assures the State Board that it will send the Continuous Learning Plan to the Kansas State Department of Education on or before April 8, 2020.
4. USD number assures the State Board that it will enroll all new students according to the state statute and the school district’s enrollment policies and provide an educational plan for all new students for the duration of the 2019-2020 school year.
5. USD number assures the State Board that it will apply a health and safety policy limiting the opportunity for students, staff and families to be exposed to potential pathogens that could lead to illness.

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| Superintendent Signature |  | Date |

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| Board of Education President Signature |  | Date |

*Please print this document and sign.*

# Continuous Learning Plan Application

Date Click or tap here to enter text.

School District Name Click or tap here to enter text. USD number

## Academic Support

Briefly describe the Professional Development plan for Continuous Learning.

Click or tap here to enter text.

Please describe how you will ensure continuous learning is available for every student.

Click or tap here to enter text.

Will online learning be used?

Click or tap here to enter text.

If so, is tech support available for families and teachers?

Click or tap here to enter text.

If so, how will you ensure that all students have adequate access to devices and internet?

Click or tap here to enter text.

Please describe additional measures you will take to support students with disabilities, and students served under Title Programs (ELL, Migrant, etc.).

Click or tap here to enter text.

How will teachers check-in with students?

Click or tap here to enter text.

Describe your plans for continued Career and Technical Education.

Click or tap here to enter text.

Do you have a plan in place to address graduation for seniors?

Click or tap here to enter text.

## Social and Emotional Supports

How will you utilize counselors and social workers?

Click or tap here to enter text.

How will you support students’ social-emotional needs?

Click or tap here to enter text.

How will you engage families and caregivers in supporting the social-emotional needs of their children?

Click or tap here to enter text.

## Family Community Communication

How will you keep families informed?

Click or tap here to enter text.

How will you collect feedback from families?

Click or tap here to enter text.

How will you evaluate the validity of the feedback and respond?

Click or tap here to enter text.

How will you support families and caregivers as they facilitate learning at home?

Click or tap here to enter text.

## Other

How will you reflect, monitor & evaluate the effectiveness of the implementation of this plan and the results?

Click or tap here to enter text.

Please describe the measures you will take in collaboration with your local county health department to protect the health and safety of students, staff and families.

Click or tap here to enter text.

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| Superintendent Signature |  | Date |

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| Board of Education President Signature |  | Date |

***Please print this document and sign****.*

### Please direct questions to the following:

Plan for Continuous Learning: [mmiller@ksde.org](mailto:mmiller@ksde.org)