



APPLICATION FOR LOW ATTENDANCE DAYS

2010-2011 SCHOOL YEAR

General Instructions. For Low Attendance Due to Weather, Health or Safety Issues, please complete Sections 1, 2, 3, and 4. **Bolded items in Section 2 and Section 3 must be completed.** Please direct questions to the State Waiver Unit at (512) 463-9630 or www.tea.state.tx.us/waivers. Application due no later than June 25, 2011.

SECTION 1. PLEASE COMPLETE THIS SECTION.

District Name: College Station ISD County/District No. 021 - 901 Telephone No. (979) - 764 - 5461
 Campus Name: A&M Consolidated High School Campus No. 001
 Address: 1801 Harvey Mitchell Pkwy Fax No. (979) - 764 - 5487
 City, State, Zip: College Station, TX 77840
 Contact Person: Jacqueline Janacek Telephone No. (979) - 764 - 5461 Email: jjanacek@csisd.org

SECTION 2. PLEASE COMPLETE THIS SECTION.

Superintendent: Eddie Coulson _____ Signature _____
 Dr. Mr. Typed Name
 Mrs. Ms.
 Board President: Randall Pitcock _____ Signature _____
 Typed Name
 Date Board Approval: _____
 Board Vote – For _____ Against _____ Abstain _____ Absent _____

SECTION 3. PLEASE COMPLETE THIS SECTION FOR ALL WAIVERS.

Comments of appropriate Site-Based Decision Making Committee: _____
 SBDM Committee Chairperson Signature *J. H. Hamblet*

SECTION 4. PLEASE COMPLETE THIS SECTION FOR DATES AND REASONS FOR DAYS MISSED.

Low Attendance Days, pursuant to TEC §25.081. Allows the district or campus to request that any instructional days with attendance at least ten (10) percentage points below the last school year's average attendance due to weather, health or safety issues be excluded from ADA calculations for the current school year.

Date(s)	Campus Name(s)	Reason				% of Attend.	Average % Attend./Previous Year
		(W = Weather, H = Health, S = Safety, O = Other)					
<u>12-15-10</u>	<u>A&M Consolidated High School</u>	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> S	<input checked="" type="checkbox"/> O	<u>86</u>	<u>97.5</u>
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