


[Logoff](#)

Waiver Request System

Submission

Instructions:

- Fields marked with an asterisk (*) are required.
- The format for all dates is mm/dd/yyyy.
- Use the 'Attachments' section below to attach all supporting documents if required.
- Make sure all information is accurate before selecting submit. You will not be able to edit this waiver once you have submitted the form.
- DO NOT at any time hit the back button. You will lose all your information.
- Use brackets [] for putting Education Code section to be waived. See FAQ for details.
- Do not use abbreviations for bargaining units.
- Refer to the FAQ for general questions.
- The waiver request page is time sensitive. You must be able to complete the waiver request within two hours. Failure to complete and submit the waiver request in the two hours will result in the loss of all previously entered information.

District Information

*County:

*District:

*Address: 310 Nova Albion Way

*City: San Rafael

*State: CA

*Zip code: 94903

Fax:

Waiver Information

*Period of request start date: 08/20/2015

*Period of request end date: 06/08/2017

*Is this waiver a renewal? No Yes

*Waiver topic:

*Ed Code title:

*Ed Code section: Education Code Section 37202 Equity of Length of Time

*Ed Code authority: 33050

*Education Code or California Code of Regulations (CCR) section to be Waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived (use [] to strike out).

*Student population 4779

*Located in a(n) city

*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. If more space is needed, please attach additional documents using the 'Attachments' section below.

District operates 205 minute program for Transitional Kindergarten, and Extended Day Kindergarten of 250 minutes per day. District was unaware it was required to obtain a waiver to provide programs of differing length. District requests waiver to cover 2015-16 and 2016-17 school years. District wishes to provide a program of differing length, and is requesting flexibility in determining lengths of Transitional Kindergarten and Extended Day Kindergarten programs. This will allow high quality Transitional Kindergarten to be operated a manner that provides a modified instructional day with curricula that is developmentally appropriate for the Transitional Kindergarten program.

Public Hearing

*Date of public hearing: 06/27/2016

*How was the required public hearing advertised?

Notice at each school site in a public location and district website.

Approvals/Review

*Local board approval date: 06/27/2016

*Please identify the appropriate council(s) or advisory committee(s) that reviewed this waiver.

Cabinet & Administrative Council

*Date the committee/council reviewed the waiver request: 06/14/2016

*Were there any objection(s) No Yes

Bargaining Unit

If the specific waiver you are submitting requires bargaining unit participation select yes and fill out the information. If it does not require bargaining unit participation, select no.

*Does the district have any employee bargaining units? No Yes

*Bargaining unit consulted on date: 06/14/2016

*Bargaining unit name: San Rafael Teacher's Association

*Representative first name: Katie

*Representative last name: O'Donnell

*Representative title: President

*Position of bargaining unit: Neutral Support Oppose

Attachments

*Is this waiver associated with an apportionment related audit penalty? (per EC 41344) No Yes

*Has there been a Categorical Program Monitoring (CPM) finding on this issue? No Yes

If needed, upload additional file(s) here (must be Word, Excel, or PDF format)

No file chosen

Contact Information

*Title: ▼

*First name:

*Last name:

*Position:

*E-mail:

*Area code:

*Telephone:

Extension:

I hereby certify that I have gone through my authorizing school district and or Special Education Local Plan Area (SELPA), that I am the superintendent or the superintendent's designee and that the information provided on this application is true and correct.

[Menu](#)

Questions: Waiver Office | 916-319-0824