COUNTY OF LOS ANGELES SCHOOL WAIVER APPLICATION FOR GRADES TK – 2 IN-PERSON EDUCATION COVER SHEET

Full Name of School Requesting Waiver:			
School Type:		Date of Submiss	
School District Superintende	ent or School Head	Administrator Na	me:
Phone:	Emai	I:	
Address:		City:	Zip:
School District Where Your			
Estimated total number of st none, enter 0):	tudents that will ref	urn for in classro	om instruction per grade (if
TK: K: _		1:	2:
Estimated total number of a to support resumption of in			nployees that will be returning - 2:
Anticipated total number of	cohorts returning:		
Anticipated mode of attenda	ince for In-classroo	om instruction:	
Percent of student body who	o qualify for Free O	r Reduced-Priced	Meals:
URL where re-opening proto	ocols are posted:		



Supporting materials to include with this cover sheet:

- □ Letter from district superintendent or head administrator for private/charter school requesting this waiver.
- Letters of support from the following groups:
 - □ All labor unions representing employees at the school reopening for classroom instruction (REQUIRED). If school employees are not represented by a union, a letter from other organizations representing teachers/staff **OR** a letter signed by majority of teachers/staff must be submitted.

□ Parent organization(s) at the school reopening for classroom instruction. (REQUIRED)

- □ Community organization(s) that provide services for students and their families who attend the school reopening for classroom instruction. (RECOMMENDED)
- □ A completed Los Angeles County Department of Public Health <u>K-12 School re-opening</u> protocol checklist.

By checking these boxes, I attest:

- □ Our district/school has obtained sufficient and appropriate personal protective equipment (PPE), as defined by the reopening protocols and California Department of Public health guidance, for all teachers and staff who will be involved in in-person instruction.
- □ A plan or protocol has been developed for incorporating surveillance testing into regular school operations of all school personnel which describes the strategy for ensuring access to periodic testing for all school personnel to be implemented when instructed by the Department of Public Health based on local disease trends and/or after resolution of an outbreak at the school.
- □ I am aware that this form and all supporting documents will be posted publicly on the Los Angeles County Department of Public Health website.

EMAIL THIS COMPLETED COVER SHEET AND ALL SUPPORTING MATERIALS TO <u>SchoolwaiversC19@ph.lacounty.gov</u>.

