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

Full Name of Scho	ool Requesting Waiver	:	
		Date of Submission:	
	·	ol Head Administrator Name:	
		Email:	
Address:		City:	Zip:
School District W	here Your School is Lo	ocated:	
		will return for in classroom i	
TK:	K:	1:	2:
		rs, teachers, and other employ nstruction for grades TK - 2:	yees that will be returning
Anticipated total r	number of cohorts retu	ırning:	
Anticipated mode	of attendance for In-c	lassroom instruction:	
Percent of studen	t body who qualify for	Free Or Reduced-Priced Mea	ls:
URL where re-ope	ening protocols are po	sted:	





Supporting materials to include with this cover sheet:
☐ Letter from district superintendent or head administrator for private/charter school requesting this waiver.
$\square$ 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 lette 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 K-12 School re-opening 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 THE COMPLETED COVED CHEET AND ALL CURRORTING MATERIAL C.TO

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



