

**REQUEST FOR ALLOWANCE OF ATTENDANCE
BECAUSE OF EMERGENCY CONDITIONS
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: **Pacifica School District**

School District (or Charter School) Address: 375 Reina Del Mar Ave, Pacifica CA 94044

County-District Code: 41-68932

County Name: San Mateo County

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education
School Fiscal Services Division
California Department of Education
1430 N Street, Suite 3800
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

SCHOOL CLOSURE

Nature of Emergency (describe):

On December 10, 2014, the National Weather Service and Office of Emergency Services issued severe storm warnings with high winds and possibilities of flash flooding. Based on this information, all Pacifica School District Schools were closed on December 11, 2014. Governor Brown issued an emergency proclamation for San Mateo County as a result of mudflows, debris, flooding and erosion.

Name of School(s): **All Schools**
(if request covers all schools, write "all schools")

School Code(s): 41-68932

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):

December 11, 2014

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years: 0

AFFIDAVIT OF GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the Pacifica School district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Printed Names	Signatures

At least a majority of the members of the governing board shall execute this affidavit.

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2015.

Signature, Title _____
of San Mateo County, California

Contact/Individual responsible for preparing this form:

Name: Josephine Peterson Title: Chief Business Official

Phone: 650-738-6613 Fax : 650-557-9672 E-mail: jpeterson@pacificasd.org

AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools _____

Date: _____

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.

Signature, Title _____
of _____ County, California

Contact/Individual responsible for preparing this form:

Name: _____ Title: _____

Phone: _____ Fax : _____ E-mail: _____