## CALIFORNIA DEPARTMENT OF EDUCATION GENERAL WAIVER REQUEST

GW-1 (Rev. 3/16/07) <u>http://www.cde.ca.gov/re/lr/wr/</u> Page 1 of 2 First Time Waiver: x Renewal Waiver:

| Send Original plus one copy to:                   |
|---|
| Waiver Office, California Department of Education |
| 1430 N Street, Suite 5602                         |
| Sacramento, CA 95814                              |

| Sacramento, CA   | 50014          |           |                                  |  |                                   |          | СГ    |         | DE    |         | ]    |
|--|----------------|-----------|----------------------------------|--|-----------------------------------|----------|-------|---------|-------|---------|------|
|  |                |           |                                  | [  | 0                                 | 1        | 1     | 0       | 1     | 8       | 9    |
| Local educational ager   | icy;           |           | Contact name a                   | nd recipient of  |                                   | <u> </u> | Cor   | itact p | erson | i's e-m | nail |
| Oakland Unified School District/EXCEL High School  |                |           | approval/denial notice: address: |  |                                   |          |       |         |       |         |      |
| Address:   | (City)         |           | (State)                          | (ZIP) Phone (and extension, if necessary):<br>510-879-3032 x 306 |                                   |          | ary): |         |       |         |      |
| 2607 Myrtle St.  | Oakland        |           | CA                               | 94607  | Fax Number: 510 879 - 8042        |          |       |         |       |         |      |
| Period of request: (mo   | onth/day/year) | Local boa | ard approval date:               | (Required)   | Date of public hearing: (Required |          |       | d)      |       |         |      |
| From: 1/25/09  | To: 1/30/09    | 1/14/200  |                                  |  | 1/14/2009                         |          |       |         |       |         |      |
|  |                | L         | EGAL CRITERIA                    |  |                                   |          |       |         |       |         |      |
| 1. Under the general waiver authority of Education Code 33050-33053, the particular Education Code or California         Code of Regulations section(s) to be waived (number): 35330       Circle one:       EC         Topic of the waiver: Travel to Washington DC for the Close-Up Educational Program  |                |           |                                  |  |                                   |          |       |         |       |         |      |
| 2. If this is a renewal of a previously approved waiver, please list Waiver Number: and date of SBE Approval   |                |           |                                  |  |                                   |          |       |         |       |         |      |
| <ul> <li>3. Collective bargaining unit information. Does the district have any employee bargaining units?  <ul> <li>No</li> <li>Yes</li> <li>If yes, please complete required information below:</li> <li>Bargaining unit(s) consulted on date(s): 12/04/08</li> <li>Name of bargaining unit and representative(s) consulted: Mark Sneed, OEA Rep.</li> </ul> </li> <li>The position(s) of the bargaining unit(s):  <ul> <li>Neutral X Support</li> <li>Oppose (<i>Please specify why</i>)</li> <li>Comments (if appropriate):</li> </ul> </li> </ul>  |                |           |                                  |  |                                   |          |       |         |       |         |      |
| <ul> <li>4. Public hearing requirement: A public hearing is not simply a board meeting, but a properly noticed public hearing held during a board meeting at which time the public may testify on the waiver proposal. Distribution of local board agenda does not constitute notice of a public hearing. Acceptable ways to advertise include: (1) print a notice that includes the time, date, location, and subject of the hearing in a newspaper of general circulation; or (2) in small school districts, post a formal notice at each school and three public places in the district.</li> <li>How was the required public hearing advertised?</li> <li>Notice in a newspaper x Notice posted at each school Other: (<i>Please specify</i>)</li> </ul> |                |           |                                  |  |                                   |          |       |         |       |         |      |
| 5. Advisory committee/School site councils. Please identify the council(s) or committee that reviewed this waiver: Advisory Committee  |                |           |                                  |  |                                   |          |       |         |       |         |      |
| Date the committee/council reviewed the waiver request: 12/4/08  |                |           |                                  |  |                                   |          |       |         |       |         |      |
| Were there any objection(s)? No 🗌 Yes 🗌 (If there were objections please specify)  |                |           |                                  |  |                                   |          |       |         |       |         |      |
|  |                |           |                                  |  |                                   |          |       |         |       |         |      |

| CALIFORNIA DEPARTMENT OF EDUCATION |
|------------------------------------|
| <b>GENERAL WAIVER REQUEST</b>      |
| GW-1 (Rev. 3/16/07)                |
| Page 2 of 2                        |

|  | Regulations section to be waived. If the request is to w<br>of the law, or those exact phrases requested to be wa<br>ed). |       |  |  |  |  |  |
|--|---|-------|--|--|--|--|--|
| 7. Desired outcome/rationale. State what you hope to accomplish with the waiver. 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 pages.   |   |       |  |  |  |  |  |
| EXCEL High School is requesting a waiver to support the travel of 20 students and 2 teachers to Washington, DC to attend the Close-Up Civic Education Program. These deserving students have participated in Urban Debate, Mock Trial and Youth Court and will experience the inner workings of the nation's capitol through guided activities and field trips within the Washington, DC area.   |   |       |  |  |  |  |  |
| <ul> <li>8. For a renewal waiver only, district also must certify: <ul> <li>True</li> <li>False</li> <li>The facts that precipitated the original waiver request have not changed.</li> <li>The remedy for the problem has not changed.</li> <li>Members of the local governing board and district staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.</li> </ul> Renewals of General Waivers must be submitted two months before the active waiver expires. The local governing board</li></ul> |   |       |  |  |  |  |  |
| must approve the renewal request. Retroactive waivers must go through the First Time Waiver Process. Is this waiver associated with an apportionment related audit penalty? (per EC 41344) No Yes  |   |       |  |  |  |  |  |
| (If yes, please attach explanation or copy of audit finding)<br><b>Has there been a Categorical Program Monitoring (CPM) finding on this issue?</b> No  Yes  (If yes, please attach explanation or copy of <i>CCR</i> finding)   |   |       |  |  |  |  |  |
| District or County Certification – I hereby certify that the information provided on this application is correct and complete.   |   |       |  |  |  |  |  |
| Signature of Superintendent or Designee:   | Title:  | Date: |  |  |  |  |  |
|  | RNIA DEPARTMENT OF EDUCATION USE ONLY   |       |  |  |  |  |  |
| Staff Name (type or print):  | Staff Signature:  | Date: |  |  |  |  |  |
| Unit Manager ( <i>type or print</i> ):   | Unit Manager Signature:   | Date: |  |  |  |  |  |
| Division Director (type or print):   | Division Director Signature:  | Date: |  |  |  |  |  |
| Deputy (type or print):  | Deputy Signature:   | Date: |  |  |  |  |  |