

72-3-2009

CALIFORNIA DEPARTMENT OF EDUCATION  
**SPECIFIC WAIVER REQUEST**

SW-1 (Rev. 2/10/09)  
Page 1 of 2

<http://www.cde.ca.gov/re/lr/wr/>

First Time Waiver:   
Renewal Waiver:

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

**Faxed originals will not be accepted!**

CD CODE

APR 20 - 2009  
revised

Local educational agency: <i>Oakland Unified</i>		Contact name and recipient of approval/denial notice: Carolyn Price	Contact person's e-mail address: Ingle-price@hnu.edu
Address: (City)	(State)	(ZIP)	Phone (and extension, if necessary): 510 436-1104 x
3520 Mountain Blvd	Oakland, Ca.	94619	Fax number: 510 436 - 1106
Period of request: (month/day/year) From: 8/1/08 To: 7/9/09	Local board approval date: (Required) <i>SELPA approval 4/16/09</i>		

**LEGAL CRITERIA**

- Authority for the waiver:  Specific code section: ~~50300.1(a)~~ *56101*  
Write the EC Section citation, which allows you to request, or authorizes the waiver of the specific EC Section you want to waive.  
*The Superintendent annually shall review the certification of Each nonpublic, nonsectarian school and agency. For this purpose, a certified school or agency annually shall update its application between August 1 and October 31, unless the board grants a waiver*
- Education Code or California Code of Regulations or portion to be waived.  
Section to be waived: (number) 56366.1(h) Circle One: EC or CCR  
Brief Description of the topic of the waiver: *This waiver is to tide our school over until we've been re-certified by the state board as a nonpublic school.*
- If this is a renewal of a previously approved waiver, please list Waiver No: No waiver and date of SBE approval
- Collective bargaining unit information. (Not necessary for EC 56101 waivers)  
Does the district have any employee bargaining units?  No  Yes If yes, please complete required information below:  
Bargaining unit(s) consulted on date(s): *Non public school does not have union*  
Name of bargaining units and representative(s) consulted:  
The position(s) of the bargaining unit(s):  Neutral  Support  Oppose (Please specify why)  
Comments (if appropriate):
- Advisory committee or school site council that reviewed the waiver. Name: \_\_\_\_\_  
Per EC 33051(a) if the waiver affects a program that requires a school site council that council must approve the request.  
Date advisory committee/council reviewed request: *Not required for Special Ed.*  
 Approve  Neutral  Oppose  
Were there any objection? Yes  No  (If there were objections please specify)

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Page 2 of 2

Education Code or California Code of Regulations 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 (or use a strike out key if only portions of sections are to be waived). (Attach additional pages if necessary.) 56366.1(h) *The Superintendent annually shall review the certification of each nonpublic, nonsectarian school and agency. For this purpose, a certified school or agency annually shall update its application between August 1 and October 31, unless the board grants a waiver pursuant to Section 56101.*

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. (Attach additional pages if necessary.)  
*Expired certification due to unexpected difficulties (not related to building safety) with fire clearance. We are requesting a temporary waiver as a bridge between prior certification.*

Raskob Day School RB

8. Demographic Information:  
For this waiver, (District/school/program) involved has a student population of 80 and is located in a urban, rural, or small city etc. in Alameda County.

9. For a renewal waiver only, district also must certify:

- |  |   |   |
|--|---|---|
| True<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | False<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | The facts that precipitated the original waiver request have not changed.<br>The remedy for the problem has not changed.<br>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. |
|--|---|---|

Renewals of Waivers must be approved by the local board and submitted two months before the active waiver expires.

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)

Has there been a Categorical Program Monitoring (CPM) finding on this issue?  No  Yes  
(If yes, please attach explanation or copy of CPM 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: \_\_\_\_\_

Signature of SELPA Director (only if a Special Education Waiver) *Leon Ryan Cole* Date: *4/16/09*

**FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY**

Staff Name (type or print): <i>Jenna Caney</i>	Staff Signature: <i>Jenna Caney</i>	Date: <i>5/4/09</i>
Unit Manager (type or print): <i>J.F. Bellotti</i>	Unit Manager Signature: <i>J.F. Bellotti</i>	Date: <i>5/4/09</i>
Division Director (type or print): <i>Mary Hudler</i>	Division Director Signature: <i>M. Hudler</i>	Date: <i>5/5/09</i>
Deputy (type or print): <i>Anthony Monreal</i>	Deputy Signature: <i>AM</i>	Date: <i>5-7-09</i>