Wyoming Department of Education

School Closure Notification Form

Pursuant to W.S. 21-4-301, public schools must operate its schools and classes a minimum of 175 school days each year unless an alternative schedule has been approved by the State Board. Additionally, Chapter 22 of the WDE Rules and Regulations, states that school districts must maintain minimum hours based on school type as well. The purpose of this form is to document unforeseen school closures of 1/2 day or more in a given school year. This form must be submitted to the WDE within 2 weeks of the closure per WDE Rules and Regulations, Chapter 8, Section 7(a), Reporting of School's Status to the Department.

School Year _____

Date Submitted to WDE _____

For Office Use Only:

Date First Received by WDE _____

WDE Representative _____

Request Number _____

A. District ID and Name: _____

Does the closure affect all schools in the district? (mark one)

_____ Yes, continue to Section B

_____ No, list affected schools below:

School ID	School Name

B. Date(s) of closure: _____ _____ (Indicate full day or 1/2 day for each date - See Chapter 8, Sections 10(g)(i)(ii)(iii) for additional explanation)

C. Reason for closure:

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D. Will there be make-up dates? (mark one)

_____ No (proceed to Section F)

_____ Yes

If yes, will any of the makeup days be scheduled on a Saturday or Sunday? (mark one)

_____ No (proceed to Section E)

_____ Yes

Please provide the reason for choosing Saturday or Sunday:

(Note: All Saturday and Sunday make-up days must be approved by the State Superintendent per Chapter 22, School Day)

Saturday/Sunday Make-up Days:

Request Approved: _____

Request Denied: _____

_____ _____

Date Signed **State Superintendent**

E. List the make-up date(s). Will the make-up date(s) be the same for all schools?

If yes, enter "All Schools" in the School ID field, or list each school type (i.e., All Elementary, Middle/Junior, or Senior, etc.)

School ID	Full/Half	Make-up date	Day of the week	Comment (if any)

F. Please summarize the total school days with the information listed above:

Alternative Schedule? ☐ Yes ☐ No

Original School Days: _____ Or as of previous request, if applicable

Less closure days: _____ Must type minus (-) in front of # (i.e. -2)

Plus make-up days: _____

Revised School Days: 0

I certify the total adjusted days for the school(s) listed above are greater than or equal to 175 student days (or as approved by an alternative schedule) and the required minimum hours have been met.

_____ _____

Superintendent's Name (or designee & title) Date

G. Email completed form to Julie Magee, Director of Accountability, at julie.magee@wyo.gov.

For Office Use Only:

School Closure Notification Form processing complete and acknowledged by Wyoming Department of Education.

_____ _____

WDE-Representative Date

Completed Copies Sent To:

School District ____

Jed Cicarelli, WDE ____

Nutrition Services ____

Shannon Cranmore, WDE ____