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.

FOR OFFICE USE ONLY: Date First Received by WDE: Request Number:	WDE Representative:
School Year:	Date Submitted to WDE:
A. District ID and Name:	rict? (mark one) No, list affected schools below:
School ID	School Name
B. Date(s) of closure: (Indicate full day or 1/2 day for each date - S	ee Chapter 8, Sections 10(g)(i)(ii)(iii) for additional explanation)

C. Reason for closure:

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 Satur (Note: All Saturday and Sunday make-up day Day)		State Superintendent pe	r Chapter 22, School	
SATURDAY/SUNDAY MAKE-UP DAYS: Request Approved: Request Denied:				
Date Signed:	State Superintendent: _	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)	
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F. Please summarize the total school days with the information listed above: Alternative Schedule? Yes No Original School Days: Less closure days: Must type minus (-) in front of # (i.e2) Plus make-up days: Revised School Days: 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: Date:				
G. Email completed form to Julie Magee, Dire	ector of Accountability, at jul	ie.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 Servic	es Shanno	on Cranmore, WDE	

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