

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: _____

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