



Application Cover Form

Waiver for Elementary Grades Reopening

If applying as a school district, please complete a separate cover sheet for each school.

School Name:

School Type:

_____Traditional public _____Charter _____Private, independent, or faith-based

School address:

School web address:

School district (if applicable):

Name of district superintendent or director:

Email address:

Phone number:

Enter number of students in each grade included in reopening plan.

Grades	TK	K	1 st	2 nd	3 rd	4 th	5 th	6 th	Total
# Students									

Total # faculty & staff at the school:

Date of planned reopening:

Date application submitted to Public Health Department:

Name and title of person submitting application:

Email address:

Phone number:

Signature:

Optional Comments: