



Waivers

Duplicate Warning

TEA has previously approved an Other waiver request for the following school year: 2020-2021. Before submission, please verify that this waiver application is not a duplicate.

2020-2021 Application for Other Waiver

Waiver ID: 62803

Related Waivers (10)

Application Information

Category: General
Creator: Diana Silvas, District Editor
Status: Draft
Creation Date: 6/21/2021
Approving Superintendent:
Assigned To: Diana Silvas

LEA Contact

LEA Information

***First Name:**

Diana

***Last Name:**

Silvas

***Phone:**

(361) 767-6600

Ext:

2064

***Email:**

diana.silvas@robstownisd.org

LEA: ROBSTOWN ISD (178909)

Address: 801 N 1ST ST, ROBSTOWN, TX 78380-2608

Phone: (361) 767-6600 Ext: 2000

Date of LEA Board of Trustees Approval

*Date:



Special Instructions

This waiver allows districts and charter schools to request a waiver of a requirement, restriction, or prohibition imposed by the Texas Education Code (TEC) or rule of the board or commissioner, except as prohibited by TEC § 7.056 (e).

▼ Waiver Description

*Enter a brief waiver description:

50 of 75 characters allowed

▼ General Questions

*1. Give a brief narrative description of the requested waiver.

131 of 500 characters allowed

Waiver for remote instruction for May 20th and May 21st , 2021 due to local heavy rainfall and widespread flooding in our district.

*2. Does the district or campus plan reflect the need for this waiver? If yes, what is the specific objective impacted by the waiver?

2 of 100 characters allowed

NA

*3. Cite the section(s) of the Texas Education Code or the Texas Administrative Code that the district or campus wishes to waive.

10 of 100 characters allowed

TEC 48.005

*4. Describe the plan to be implemented, if the waiver is granted.

2 of 1000 characters allowed

NA

Related Waivers (10)

*5. How will granting this waiver help achieve the district's or campus' objective?

64 of 200 characters allowed

Assure the district has sufficient calendar minutes for funding.

*6. Please explain how the school district or campus will evaluate the impact of the waiver towards meeting the district's or campus' goal.

68 of 500 characters allowed

Evaluate the calendar to ensure we have sufficient calendar minutes.

Requested Years

Years

2020-2021

2021-2022

2022-2023

*At least one school year is required.

Related Waivers (10)

LEA Attachments (1)

Title	Type	Size	Date Added	Added By	
Declaration Disaster	PDF	575.2 kb	2021-06-21	Diana.Silvas1	Delete

Add Attachment

*Attachment title

 No file chosen

[Add](#)

Change History

Click to expand.

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