

**APPLICATION FOR APPROVAL OF HALF-DAY SESSIONS**

PDE-4016 (9/01)

I.U.

For School Year  
20\_\_\_\_ - 20\_\_\_\_

INSTRUCTIONS: Send original and two copies to Office of School Services, Department of Education, 333 Market Street, Harrisburg, PA 17126-0333.

School (complete one form for each building)

**PART I -- CURRENT INFORMATION**

			Elementary	Secondary
1. Grades	Check Grades Affected	Number Pupils Involved		
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
Total Elementary				
Total Secondary				
2. Rated capacity of buildings to be utilized for half-day sessions. (exclude kindergarten)				
3. Number of pupils (excluding kindergarten) to be assigned to such building.				
4. Number of pupils on proposed half-day sessions requiring transportation.				
5. Number of pupils receiving special education services. Indicate how half-day sessions will affect delivery of services.				
6. Are teachers employed for half-day sessions teaching during one session only? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reasons and schedule followed.				
7. Attach schedules, minimum four (4) hours per half-day session. Number of hours, excluding lunch and recess, allotted to: _____  Morning Session _____ Afternoon Session _____				
8. Are any school calendar amendments under consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**PART II -- BACKGROUND INFORMATION**

Complete the following as it relates to your school district over the past ten years. Be specific with factual and statistical data. If more space is needed, use 8 1/2 x 11 inch sheets of paper. Number the items to correspond with the items on the form and attach the additional sheets to this form. Attach documentation to support statements.

1. Enrollment (Use enrollment figures as of March 1 of each year for the past ten years)

ITEM	19__	19__	19__	19__	19__	19__	19__	19__	20__	20__
Total District Enrollment										
Grades Affected by Half-Day Sessions										
Number of Students Affected by Half Day Sessions										

2. Describe circumstances leading to present emergency situations in your district. Include documentation to substantiate any statements concerning health and safety hazards.

3. Describe previous solutions to problems of overcrowded conditions in your district, if applicable.

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**PART III -- PLANNING INFORMATION**

Be specific and complete. If more space is needed, use 8 1/2 x 11 inch sheets of paper. Number the items to correspond with the items on the form and attach the additional sheets to this form. Attach documentation to support statements.

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1. Describe alternatives considered to provide classroom space in this emergency.

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2. Describe investigative results of each alternative.

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3. Justification for selecting half-day session alternative.

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4. Steps taken to eliminate half-day sessions

A. If new building program has been started, complete the following:

- (1) Project inspection number and date: \_\_\_\_\_
- (2) Date room schedule approved: \_\_\_\_\_
- (3) Present status of architectural services: \_\_\_\_\_
- (4) Estimated date of occupancy: \_\_\_\_\_

B. If new building program has NOT been started, complete the following:

- (1) Anticipated date for securing inspection number: \_\_\_\_\_
- (2) Anticipated date for securing room schedule: \_\_\_\_\_
- (3) Anticipated date of occupancy: \_\_\_\_\_

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5. Strategic Plan as requested by State Board of Education

A. Show date submitted to PDE: \_\_\_\_\_

B. Plan effective dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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Date	Signature -- District Superintendent
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