

CERTIFICATE OF CLOSURE
Emergency Closures Reporting
2018-2019

SCHOOL YEAR

Reporting Period 2nd
 (1st period, 2nd period or 3rd period)

District # 331 District Name Minidoka County Joint School District


In compliance with I.C. 33-1003A, certify the cause and duration of each incident of emergency school closure.

- For each emergency closure, show the number of instructional hours missed for each grade grouping.
- If the missed instructional hours in each grade grouping for all buildings in the district where the same, then fill one line listing "All".
- If the emergency closure was for 2 or more consecutive full days, show on one line the date(s) of the closure.
- Report instructional hours to 2 decimal place.
- Submit a copy of the school board minutes showing approval for each emergency closure stating the cause and duration.

<u>Building Number</u> or if District Wide <u>All</u>	Cause for the Emergency Closure	Date(s) of Closure	Amount of Kindergarten Instructional Hours Missed*	Amount of Grades 1-3 Instructional Hours Missed*	Amount of Grades 4-6 Instructional Hours Missed*	Amount of Grades 7-12 Instructional Hours Missed*	For Closures caused by H1N1 Flu	
							**Anticipated date of re-opening	Zip Code for closed school
786	SNOW	12/12/2018	AM/-0 PM- 1.5	1.5	1.5	0		
785	SNOW	12/12/2018	AM/-0 PM- 1.5	1.5	1.5	0		
783	SNOW	12/12/2018	AM/-0 PM- 1.5	1.5	1.5	0		
845	SNOW	12/12/2018	AM/-0 PM- 1.5	1.5	1.5	0		
148	SNOW	12/12/2018	0	0	1.5	1.5		
149	SNOW	12/12/2018	0	0	1.5	1.5		
150	SNOW	12/12/2018	0	0	0	1.5		
1046	SNOW	12/12/2018	0	0	1.5	1.5		

Please submit the day of the closure or as soon as possible by fax to 208-334-2228.

I certify that this information is accurate. If requested, I will provide the detail to document the reported information.



Superintendent's Signature

*Be sure to reduce your instructional hours on your school calendars to reflect the closure.
 ** In closures for H1N1 flu please give the anticipated date of re-opening the school