CERTIFICATE OF CLOSURE
Emergency Closures Reporting
SCHOOL YEAR 2016-2017

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

District # 150 District Name Soda Springs Jt. 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.

							For Closures caused by H1N1 Flu	
Building Number or if District Wide **All**	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*	**Anticipated date of re-opening	Zip Code for closed school
All	Blowing Snow	1/4/2017	3.25	3	3	3		
All	Cold Temperatures	1/5/2017	3.25	6.42	6.84	6.92		
All	Icy Roads, Wind	1/9/2017	3.25	6.42	6.84	6.92		
All	Blowing Snow	1/11/2017	3.25	6.42	6.84	6.92		

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