

CERTIFICATE OF CLOSURE

Emergency Closures Reporting

2016-2017

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.

Building Number 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
All	Snow	12/15/2016	AM -3/ PM -3	6	6	6		
All	Snow	1/4/2017-1/6/2017	AM -3/ PM -3	6	6	6		
All	Snow	1/9/2017	AM -3/ PM -3	6	6	6		

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

1-11-17