

CERTIFICATE OF CLOSURE Emergency Closures Reporting

SCHOOL YEAR _____

2019-2020

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 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*	For Closures caused by H1N1 Flu	
							**Anticipated date of re-opening	Zip Code for closed school
ALL	SNOW CLOSURE	1/14/2020	AM -3/ PM -3	6	6	6		
ALL	SNOW CLOSURE	1/17/2020	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