

CERTIFICATE OF CLOSURE
Emergency Closures Reporting
SCHOOL YEAR _____ **2019-2020**

District # _____ 150 _____ District Name _____ Soda Springs 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.

Change the ISEE calendar to show Emergency Closure for the days listed.

Do not delete an entire week from the ISEE calendar if the District/Charter was closed for the week for the Emergency Closure.

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 Flu	
							**Anticipated date of re-opening	Zip Code for closed school
All	Wind & Snow	2/3/2020	3.25	6.417	6.833	7		

**Please submit the day of the closure or as soon
as possible by fax 208-334-2228 or email to
pbrewer@sde.idaho.gov**

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 flu please give the anticipated date of re-opening the school