CERTIFICATE OF CLOSURE Emergency Closures Reporting SCHOOL YEAR 2016-2017

	•	٩.
	d	D
•	ζ	3
	C)
	Ξ	7
	Ξ	₹
,	7	₹
	•	•
(_	2
•	_	Į
	-	Z D
	9	ユロロコ
	<u>- 0</u>	コープロコラ
		てりごうな

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

Soda Springs Jt. School District	Name	150	District #
	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.

		$\overline{}$	 	 	T	
	Building Number or if District Wide <u>All</u>	All				
	Cause for the Emergency Closure	Snow and Wind				
	Date(s) of Closure	1/24/2017		-		
	Amount of Kindergarten Instructional Hours Missed*	3.25				
	Amount of Grades 1-3 Instructional Hours Missed*	6.42				
	Amount of Grades 4-6 Instructional Hours Missed*	6.84				
	Amount of Grades 7-12 Instructional Hours Missed*	6.97				
For Closures caused by H1N1 Flu	**Anticipated date of re-opening					
caused by Flu	Zip Code for closed school					

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

l certify that this information is accurate. If requested, 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