CERTIFICATE OF CLOSURE
Emergency Closures Reporting
2016-2017

SCHOOL YEAR

Reporting	Period
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(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.

							H1N1	and the second
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*	**Anticipated date of re-opening	Zip Code for closed school
786	FLOODING	2/14/2017-2/16-2017	AM -3/ PM -3	6	6			
								299-23
							Section.	

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

I certify that this information is accurate. If requested, I will provide the detail to document the reported information. 2-22-17 Superintendent's Signature

5420 2/22/17

For Closures caused by

*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