

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.

							For Closures caused by H1N1 Flu	
Building Number 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*	**Anticipated date of re-opening	Zip Code for closed school
ALL	SNOW	1/19/2017	AM-3/ PM-3	6	6	6		
ALL	SNOW	1/24/2017- 1/25/2017	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