

Unexpected / Unscheduled School Closings Form (2014 – 2015 School Year)

District Name: _____

School: _____

Check the box for the month for which you are reporting:

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

I certify that for the month indicated above, our school had either (circle either A or B):

A) No unexpected or unscheduled school closings

or

B) The following unexpected or unscheduled school closing date(s):

As an authorized designee of the district, to the best of my knowledge, I confirm the above information is accurate and complete.

Signature

Title

Date

**Please fax to MSB™ at (603) 692-0857
Attention: Tessa Chagnon**

