

**Unexpected / Unscheduled School Closings Form
2017 – 2018 School Year
(For facilities that do not utilize Lumea™)**

Out of District Facility: _____

Program (optional): _____

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

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 facility, 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