

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
SCHOOL BUSINESS SERVICES

Fiscal Year 2005

SPECIAL EDUCATION CIRCUIT BREAKER CERTIFICATION STATEMENT

LEA CODE NUMBER: _____

LEA DISTRICT NAME: _____

- I certify that the information contained in this file is accurate and current.
- I certify that each "Abandoned" student that has no parent or guardian living in the Commonwealth, or who has been surrendered for adoption, or whose father, mother or guardian resides in an institutional setting in Massachusetts in accordance with 603 CMR §28.03(4)(f) has a current Individual Education Plan (IEP) on file and is signed by an Educational Surrogate Parent.

COMPLETED CLAIM FORM DUE NO LATER THAN JULY 8, 2005.

INSTRUCTIONS:

Check off appropriate boxes above

All data needed to support the information contained in this file must be maintained on file for audit purposes.

Print a copy of this page after all information is entered, sign and mail to:

Department of Education
School Business Services
Attn: Elena DeMelin
350 Main Street
Malden, MA 02148-5023

NOTE: No initial payment will be made without this signed Certification Statement.

Signature: _____ **Title:** _____

Please print name: _____

Date: _____ **Telephone No.** _____

Contact Email Address: _____