

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF EDUCATION  
SCHOOL BUSINESS SERVICES

Fiscal Year 2007

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 FORM DUE NO LATER THAN JULY 6, 2007.**

**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 original** 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:** \_\_\_\_\_