

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
SCHOOL BUSINESS SERVICES**

Fiscal Year 2009

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 §28.10(8)(c) has a current Individual Education Plan (IEP) on file and is signed by an Educational Surrogate Parent.

COMPLETED FORM DUE NO LATER THAN JULY 10, 2009.

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 Elementary & Secondary Education
School Business Services
Attn: Elena DeMelin
75 Pleasant Street
Malden, MA 02148-4906

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

Signature: _____ **Title:** _____

Please print name: _____

Date: _____ **Telephone No.** _____