# CERTIFICATION STATEMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY TOWN OR REGIONAL SCHOOL DISTRICT NAME CODE NUMBER**

**I hereby certify that all the statements contained in this END OF YEAR REPORT Spreadsheet named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SUPERINTENDENT-DIRECTOR SIGNATURE**

**I hereby certify that all the statements contained in this END OF YEAR REPORT are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SCHOOL COMMITTEE CHAIRPERSON-SIGNATURE**

**CERTIFICATION BY THE CITY AUDITOR OR OFFICER HAVING**

**SIMILAR DUTIES IN A CITY OR TOWN**

**(Not required of Regional School Districts)**

I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**  **TITLE**

in the City (Town) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,hereby certify that the Superintendent's statement, certified to above, is correct to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE** **SIGNATURE**

**PLEASE LIST THE NAME, TITLE, TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS OF THE PERSON PREPARING THIS REPORT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NAME TITLE**

Email Telephone Fax #

**PLEASE MAIL COMPLETED CERTIFICATION TO:**

Aquarius Wise

School Business Services

Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street

Malden MA 02148-4906