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| **Name of Grant Program:** OpenSciEd Elementary Field Test  | **Fund Code:** 599  |

PART IV – ASSURANCE FROM EACH PARTICIPATING SCHOOL

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| --- |
| ***Please submit one copy of this form for each school named in the grant proposal.*** ***The Principal of each school should complete this form.*** |

|  |  |
| --- | --- |
| District/LEA name: |  |

As Principal of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*[school name]*

 I assure the Massachusetts Department of Elementary and Secondary Education that:

* Information about the above-named school is accurately represented throughout the OpenSciEd Elementary Field Test application being submitted by the applying district or entity;
* As Principal, I am committed to the activities articulated in the OpenSciEd Elementary Field Test proposal, particularly those described in questions 2, 5, 6, and 7 of the Narrative Response section;
* As Principal, I will support participating teachers’ attendance at all required professional development sessions throughout the field test, including in-person unit trainings held during school hours.

Signature

Typed Name and Date