

Vermont Educational Billing Services Unexpected / Unscheduled School Closure Form

_____ / _____ School Year

District Name: _____ School: _____

Check the box for the Month for which you are reporting:

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

I certify that for the month indicated above, our school had either: (circle either A or B)

A) No unexpected or unscheduled school closings

Or

B) For the month indicated above, the district had the following unexpected or unscheduled school closing(s) dates:

For Aug/Sept please provide the date of first day of school _____

For May/June please provide the date for the last day of school _____

As an authorized designee of the district, to the best of my knowledge, I confirm the above information is accurate and complete:

Name: _____ Date: _____

Please fax this form to 603.509.3870 or email to info@eddatasolutions.com