

**CERTIFICATE OF CLOSURE**  
**Emergency Closures Reporting**  
**SCHOOL YEAR** \_\_\_\_\_ **2021-2022**

District # 414 District Name Kimberly School District

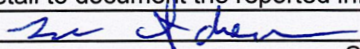
In compliance with I.C. 33-1003A, certify the cause and duration of each incident of emergency school closure.

- For each emergency closure, show the number of instructional hours missed for each grade grouping.
- If the missed instructional hours in each grade grouping for all buildings in the district where the same, then fill one line listing "All".
- If the emergency closure was for 2 or more consecutive full days, show on one line the date(s) of the closure.
- Report instructional hours to 2 decimal place.
- Change the ISEE calendar to show Emergency Closure for the days listed.
- Do not delete an entire week from the ISEE calendar if the District/Charter was closed for the week for the Emergency Closure.
- Submit a copy of the school board minutes showing approval for each emergency closure stating the cause and duration.**

Building Number or if District Wide <b>All</b>	Cause for the Emergency Closure	Date(s) of Closure	Amount of Kindergarten Instructional Hours Missed*	Amount of Grades 1-3 Instructional Hours Missed*	Amount of Grades 4-5 Instructional Hours Missed*	Amount of Grades 6-12 Instructional Hours Missed*	For Closures caused by Flu	
							**Anticipated date of re-opening	Zip Code for closed school
833	Broken Water Pipe	1/31/2022	3.083	6.833	6.833	0		

**Please submit the day of the closure or as soon  
as possible by fax 208-334-2228 or email to  
pbrewer@sde.idaho.gov**

I certify that this information is accurate. If requested,  
I will provide the detail to document the reported information.



Superintendent's Signature

\*Be sure to reduce your instructional hours on your school calendars to reflect the closure.  
\*\* In closures for flu please give the anticipated date of re-opening the school