

State of Maine
Department of Education

2005-2006 Dropouts Report Certification Form – *Due December 15, 2006**

Name of School Administrative Unit: _____
(Town, S.A.D. or C.S.D.—[Not Union])

I certify that the information contained in the MEDMS Dropouts report for school year 2005-2006 is accurate to the best of my knowledge and belief.

(Date)

(Signature – Superintendent of Schools)

*If this certification is not received by December 15, 2006, it will be assumed that the information in the MEDMS Dropouts report is correct.

Please fax to:

Suzan Cameron, School Finance Supervisor
School Finance & Operations
Department of Education
Fax: (207) 624-6791