

**PRINCIPAL'S CERTIFICATION OF
SPECIAL EDUCATION STUDENT INFORMATION**

DATE: October 2, 2019

TO: Impact Aid Office

FROM: School Name_____

SUBJECT: **SPECIAL EDUCATION STUDENTS AS OF OCTOBER 2, 2019**

Attached is a list of all Special Education students enrolled at this school with active IEPs, as of October 2, 2019. This list has been verified and all exceptions have been noted.

I certify this list to be accurate and complete. All students listed have a valid IEP on file.

Principal's Signature

**Return to: Impact Aid Office
Eugene Brucker Education Center, Room 3244**