# School Testimony – Whole Class to Class

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| **District/PSA:** |  |
| **School Year:**  |  |

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| **Count Day (check one):**  | [ ] Fall (Oct.) | [ ] Supplemental (Feb.)  |

I hereby certify that all middle school pupils in grades move from class to class in a group and do not attend any classes individually and attendance is taken AM/PM per day.

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|  |
| Printed name of authorized school administrator |

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| Signature of authorized school administrator |

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|  |
| Date signed |