COMMISSIONER'S DISREGARD OF STATE AID REDUCTION
FOR BEING IN SESSION FOR LESS THAN 180 DAYS

2009-10 SCHOOL YEAR REQUEST FORM

School District Name: _____ 6-digit BEDS Code: | | | | | | |

Extraordinary Condition Day Session Closures: Only enter information for session day deficiencies due to extraordinary conditions, if the school(s)/district could **not** make up the days by using, for the secondary grades all scheduled vacation days prior to the first scheduled Regents examination day in June, and for the elementary grades all scheduled vacation days prior to the last scheduled Regents examination day in June.

Extraordinary Conditions include only: Extraordinarily adverse weather conditions, impairment of heating facilities, insufficiency of water supply, shortage of fuel, lack of electricity, natural gas leakage, unacceptable levels of chemical substances, or the destruction of a school building either in whole or in part.

Place an "X" in the Grade Grouping that was short on the date indicated.

	Grade Groupings							
Date	1/2 K AM	1/2 K PM	K - 3	4 - 6	7 - 8	9 - 12	Reason for Session Closure	School / Building or Whole District
Total Days	0	0	0	0	0	0		

Superintendent Certification

I hereby certify that the information provided above is true and correct, and that there were no scheduled vacation days subsequent to any extraordinary condition day session day closures that could have been used to make up the session days reported above.

A final calendar for the school year in which the above closures occurred accompanies this submission.

Date: _____ Signature: _____
Superintendent of School District

School District contact person: _____ Phone: _____

Please print and mail this form and the final school calendar to: Office of State Aid, NYS Education Dept., 89 Washington Avenue, Albany, NY, 12234, Attn: Bruce Jesiolowski. Questions may be addressed to Bruce Jesiolowski at bjesiolo@mail.nysed.gov or (518) 474-2977.