COMPLIANCE CERTIFICATION

I,_____, Superintendent of _____,
(Printed Name) (School District Name)
attest that this district is compliant with the directives received from the Missouri Attorney General on December 7, 2021 relating to the enforcement of public health orders or will become compliant no later than December 23, 2021, and will remain compliant with said directives.

I certify under penalties of perjury set forth in Section 575.040, RSMo., that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By:_____

Signature:_____

Title:_____

Date:_____

Subscribed and sworn to before this ___ day of _____, 2021.

_____
Notary Public

My commission expires _____.