**District Name**: **School Year:**

**Instructions:** *If the district held any days or hours of virtual student instruction under the provisions of Sec. 21f(14), please have an authorized representative of your district sign and date this compliance statement, then scan and email a PDF copy to your primary auditor.*

**I certify any virtual days/hours held under Sec. 21f(14) complied with the following provisions:**

* + The district first developed a plan for how instruction would be provided to pupils during any 21f14) virtual days and that plan was approved by the district’s school board.
  + Prior to enactment of the plan, the district provided notice of the plan to all impacted pupils and their parents/guardians.
  + 21f(14) days/hours were held only for one of the following reasons allowed by statute:

a) emergency closures,

b) student testing, or

c) professional development.

* + The district held no more than 15 virtual days (and equivalent hours) this school year and no more than 30 hours was due to PD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized District Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title