

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

DATE: October 4, 2017

TO: Impact Aid Office

FROM: School Name\_\_\_\_\_

SUBJECT: **SPECIAL EDUCATION STUDENTS AS OF OCTOBER 4, 2017**

Attached is a list of all Special Education students enrolled at this school with active IEPs, as of October 4, 2017. 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**