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**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby certify that during the 2003-2004 school year, this school had adopted and implemented a comprehensive attendance policy (CAP) pursuant to section 104.1(i) of the Regulations of the Commissioner of Education and that this school is entitled to reimbursement for CAP expenditures as funds become available.

I acknowledge and accept that the CAP reimbursement for the 2003-2004 school year will be based on the information contained in this school’s 2003-2004 BEDS enrollment data on file with the NYS Education Department. I also acknowledge and accept that in the absence of data from the school’s 2003-2004 Mandated Services Aid (MSA) claim the average hourly rates used in the reimbursement calculation for the school’s CAP reimbursement for the 2003-2004 school year will be 4 percent less than what was used for CAP reimbursement in the 2004-2005 school year.

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| **Original** Signature of Chief Administrator |  | Chief Administrator Name**(PLEASE PRINT)** |  Date  |
| E-mail Address |  | Fax Number |  | Telephone Number |
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