

WAYNE RESA  
Middle School Testimony - whole class to class

District/PSA: \_\_\_\_\_

School Year: \_\_\_\_\_

Count Day (check one): Fall (Sept.) \_\_\_\_\_ Supplemental (Feb.) \_\_\_\_\_

I hereby certify that all middle school pupils in grades \_\_\_\_\_ move from class to class in a group and do not attend any classes individually. We have provided the RESA auditor with signed teacher attendance records and ten-day worksheets from the first hour of instruction (*first class, not homeroom*) for each group of students.

\_\_\_\_\_  
Printed name of authorized school administrator

\_\_\_\_\_  
Signature of authorized school administrator

\_\_\_\_\_  
Date signed