Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

REGIONAL SCHOOL DISTRICT Hamilton-Wenham RSD **CODE** 0675

SCHEDULE 7 ADDENDUM
REGULAR DAY SCHOOL TRANSPORTATION
CHAPTER 71, SECTION 7A, SUBSECTION (e)
75% CARRYING CAPACITY REQUIREMENT

Under General Laws chapter 71, section 7A, subsection (e), added by section 335 of chapter 138 of the acts of 1991, no reimbursement for regular day school transportation shall be made unless the school district certifies that the average number of students transported over the academic year equals or exceeds 75% of the passenger carrying capacity of the vehicles used by the school district. This provision does not apply to any school district that is or has been subject to the provisions of a court-ordered desegregation program involving school busing, nor does it apply to public transportation used by students who have been issued vouchers by the school district.

On behalf of the school district identified above, I hereby certify that the average number of students transported over the academic year just ended in our district equals or exceeds 75% of the passenger carrying capacity of the vehicles used for regular day school transportation. I understand that our school district is required to maintain records documenting vehicle capacity and usage, and that our district is subject to audit by the Department of Elementary and Secondary Education or other authorized officials to verify that the 75% requirement has been met.

Signed under the pains and penalties of perjury.

Superintendent of Schools

Date: 10/10/23

CERTIFICATION STATEMENT

Hamilton-Wenham RSD 0675

CITY TOWN OR REGIONAL SCHOOL DISTRICT NAME CODE NUMBER

I hereby certify that all the statements contained in this END OF YEAR REPORT Spreadsheet named 23eoy675 are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

10/10/23

DATE **SUPERINTENDENT-DIRECTOR SIGNATURE**

I hereby certify that all the statements contained in this END OF YEAR REPORT are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

10/10/23

DATE **SCHOOL COMMITTEE CHAIRPERSON-SIGNATURE**

CERTIFICATION BY THE CITY AUDITOR OR OFFICER HAVING SIMILAR DUTIES IN A CITY OR TOWN
(Not required of Regional School Districts)

I,

NAME **TITLE**

in the City (Town) of _____,hereby certify that the Superintendent's statement, certified to above, is correct to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

DATE **SIGNATURE**

PLEASE LIST THE NAME, TITLE, TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS OF THE PERSON PREPARING THIS REPORT.

Vincent Leone Assist. Super. of F&A

NAME **TITLE**

V.leone@hwschools.net 978-626-0825 978-468-7889

Email Telephone Fax #

PLEASE MAIL COMPLETED CERTIFICATION TO:

Aquarius Wise
School Business Services
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden MA 02148-4906