\_ \_\_\_\_\_ \_ \_ \_\_\_\_\_ - -

| Name of BOCES District Superintendent | Signature of BOCES<br>District Superintendent: |
|---------------------------------------|--|
| Date:                                 |  |

Section 100.2 (a) of the Commissioner's Regulation requires that a full/.137 Tw 372 Twn re 72dfecipal-22.