



**CERTIFICATE OF SCHOOL DISTRICT ON PUPIL  
TRANSPORTATION – MIGRANT**  
DEPARTMENT OF PUBLIC INSTRUCTION  
TITLE I  
SFN 19760 (Rev. 02/2015)

RETURN TO:  
Department of Public Instruction  
Federal Title Program Office  
600 E Boulevard Avenue, Dept. 201  
Bismarck, ND 58505-0440  
Fax: (701) 328-0203

**ME-3a**

Center		Year	Due <b>Close of Project</b>
County Number	County Name	District Number	District Name

*One copy must be sent to the Department of Public Instruction.  
One copy must be sent to the District Business Manager.*

I, \_\_\_\_\_, Business Manager of \_\_\_\_\_, do hereby certify that the attached statement is, according to my best knowledge and belief, is a true and correct report of the school pupils in this district who were furnished vehicular transportation for the Migrant Summer Program beginning on \_\_\_\_\_, and ending on \_\_\_\_\_.

Signature of Business Manager	Date
-------------------------------	------