

BOARD OF EDUCATION

ANNUAL BUDGET

FOR FISCAL YEAR OCTOBER 1, 2024 - SEPTEMBER 30, 2025

This budget was approved by action of the _____ Board of Education
on _____, _____ Chairman, Board of Education
Month Day Year Chairman's signature

I certify that the information in this budget is correct to my best knowledge and belief, that expenditures will be in accordance with state and federal laws and regulations and approved program applications and plans, and the length of the school term shall not be less than 180 full instructional days or the hourly equivalent thereof.

Subscribed and sworn to before me this the _____ day of _____, _____

Notary Public

Date Superintendent

Reason for Amendment: (Be specific)

Contact Person () Phone Number

APPROVED

State Superintendent of Education