



**CERTIFICATE OF SCHOOL DISTRICT ON PUPIL
TRANSPORTATION – MIGRANT**
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
SFN 19760 (Rev. 03/2019)

RETURN TO:
Department of Public Instruction
Office of Indian/Multicultural Education
600 E Boulevard Avenue, Dept. 201
Bismarck, ND 58505-0440
Fax: (701) 328-0203

ME-3a

Center		Year	Due
			Close of Project
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