

**VIRGINIA DEPARTMENT OF EDUCATION  
K-3 Primary Class Size Reduction Program  
Superintendent's Certification Form -- Fiscal Year 2001  
September 2000**

Division Number:

Division Name:

*I hereby certify that the K-3 teacher FTE and maximum individual class size information reported for FY 2001 in the "K-3 Data Collection Template" spreadsheet is true and accurate to the best of my knowledge.*

**Division Superintendent Signature**



**Enter Superintendent Name**



**Enter Date**

**Contact Person Signature**



**Contact Person Name**



**Telephone Number**