## Health and Safety Evaluation of School Buildings Checklist Statement of Assurance School Year 2024-2025

## **Contact Information for Statement of Assurance**

County:	
District, School or Entity Name:	
Address:	
Superintendent or Charter Lead Name:	
Telephone Number:	
Alternate Contact Person:	
Title:	
Telephone Number:	
Email:	
school building in the district before Dec	ealth and Safety Evaluation of School Buildings Checklist for every cember 30, 2024. Each checklist is signed by the Chief School Facilities Manager (if applicable) and maintained at the building for
Certification	
By signing below, the Chief School Adn correct:	ministrator or Lead Person certifies that all statements above are true and
Name:	
Title:	
Signature:	Date: