DS-4168 Rev. 5/04 AUTHORITY: P.A. 94 of 1979, as amended. COMPLETION: REQUIRED. PENALTY: Failure to file is will result in withholding of school aid funds per Section 152.	Michigan Department of Education OFFICE OF STATE AID AND SCHOOL FINANCE P.O. Box 30106, Lansing, Michigan 48909	*Direct questions regarding this form to Joellen Wonsey at (517) 373-3352.*

L.E.A. AND I.S.D. SUMMARY: 2003-2004 REPORT OF DAYS AND CLOCK HOURS OF PUPIL INSTRUCTION

EDUCATIONAL AGENCY	Legal Name of School District	District Code Number	Telephone (Area Code)
	Address	City	Zip Code

MAILING INSTRUCTIONS

LOCAL SCHOOL DISTRICT – Return TWO copies by JULY 16, 2004 to the intermediate district office.
INTERMEDIATE SCHOOL DISTRICT – Return ONE copy by AUGUST 1, 2004 to the STATE address indicated above.

LEGISLATION GOVERNING THIS FORM

STATE SCHOOL AID ACT SECTION 101(3), (4) and (10)

(3) Except as otherwise provided in this section, each district shall provide at least 1,098 hours of pupil instruction. Except as otherwise provided in this act, a district failing to comply with the required minimum hours of pupil instruction under this subsection shall forfeit from its total state aid allocation an amount determined by applying a ratio of the number of hours the district was in noncompliance in relation to the required minimum number of hours under this subsection…

…Hours lost because of strikes or teachers' conferences shall not be counted as days or hours of pupil instruction. A district not having at least 75% of the district's membership in attendance on any day of pupil instruction shall receive state aid in proportion of 1/180 that the actual percent of attendance bears to the specified percentage…

(4)…The first thirty (30) hours for which pupil instruction is not provided because of conditions not within the control of school authorities, such as severe storms, fires, epidemics, or health conditions as defined by the city, county, or state health authorities, shall be counted as hours of pupil instruction. Subsequent such hours shall not be counted as days of pupil instruction.

(10) A district may count up to 51 hours of professional development for teachers as hours of pupil instruction. A district that elects to use this exception shall notify the department of its election.

EXCEPTIONS FOR KINDERGARTEN

STATE SCHOOL AID ACT SECTION 6(4)(r)-

(4)(r) Full-time equated memberships for pupils in kindergarten shall be determined by dividing the number of class hours scheduled and provided per year per kindergarten pupil by a number equal to ½ the number used for determining full-time equated memberships for pupils in grades 1-12.

STATE SCHOOL AID ACT SECTION 101(5)

(5) A district shall not forfeit part of its state aid appropriation because it adopts or has in existence an alternative scheduling program for pupils in kindergarten if the program provides at least the number of hours required for full-time equated membership for a pupil in kindergarten as provided under section 6(4).

PART I: 2003-2004 REPORT OF DAYS AND CLOCK HOURS OF PUPIL INSTRUCTION

EDUCATIONAL AGENCY	Legal Name of School District	District Code Number	Telephone (Area Code)
	Address	City	Zip Code

Did your district operate on a district-wide calendar in the 2003-2004 school year?

☐ YES

☐ NO *(If "NO", provide the sum of FTE from the September 2003 pupil count for this (these) building(s).* **FTE:**

SECTION A.

Provide the number of **days and clock hours** of pupil instruction scheduled for 2003-2004 on the district's original calendar. Provide the number of days and clock hours that were canceled, rescheduled, and forgiven. Provide the total number of days and hours of pupil instruction provided in 2003-2004.

A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11
RANGE OF GRADES	DAYS OF ORIGINAL CALENDAR	NUMBER OF DAYS CANCELED	NUMBER OF DAYS RESCHE-DULED	TOTAL DAYS OF PUPIL INSTRUCTION	HOURS OF ORIGINAL CALENDAR (Less P.D. Hours)	NUMBER OF HOURS CANCELED	NUMBER OF HOURS RESCHE-DULED	FORGIVEN HOURS COUNTED	PROFESSIONAL DEVELOPMENT HOURS COUNTED	TOTAL HOURS OF PUPIL INSTRUCTION
Alternative Kindergarten										
Kindergarten										
Special Education										
Alternative Education										

PART I: REPORT OF DAYS AND CLOCK HOURS OF PUPIL INSTRUCTION (Continued)

EDUCATIONAL AGENCY	Legal Name of School District	District Code Number	Telephone (Area Code)
	Address	City	Zip Code

B1	B2	B3	B4	B5
DATE SCHOOL WAS CANCELED, DELAYED or RELEASED EARLY	--ENTIRE DAY CANCELED (and Reason) --START OF SCHOOL DAY DELAYED (and Reason) --STUDENTS RELEASED EARLY (and Reason)	HOURS CANCELLED	DATE SCHOOL RESCHEDULED	HOURS RESCHEDULED

CERTIFICATION: I certify that the information submitted on this report is true and correct to the best of my knowledge.

DATE: _____ **SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL:** _____

CONTACT PERSON: _____ **TELEPHONE NUMBER (Area Code/Local #):** _____

PART II: 2003-2004 REPORT OF DAYS PUPIL INSTRUCTION FELL BELOW 75% ATTENDANCE

Complete Part II if there were any days of pupil instruction during the 2003-2004 school year on which less than 75% of the scheduled membership was in attendance. Check the "Not Applicable" box below if your district did not have any days that pupil attendance fell below the minimum 75% attendance requirement. Sign and date this page.

District Name or Building Name(s)	District/Building Code No.	Telephone (Area Code)
Address	**City**	**Zip Code**

DATE---Give the date pupil attendance was below 75%.

NUMBER ENROLLED AND SCHEDULED FOR ATTENDANCE---Report the number of pupils enrolled on this date in the district who were scheduled to attend school.

NUMBER IN ATTENDANCE---Report the number of pupils in attendance on this date in the district.

PERCENTAGE IN ATTENDANCE---Report the percentage of attendance by dividing column 3 by column 2.

☐ NOT APPLICABLE

DATE (1)	NUMBER OF PUPILS ENROLLED (2)	NUMBER OF PUPILS IN ATTENDANCE (3)	PERCENTAGE IN ATTENDANCE (4)	DATE (1)	NUMBER OF PUPILS ENROLLED (2)	NUMBER OF PUPILS IN ATTENDANCE (3)	PERCENTAGE IN ATTENDANCE (4)

CERTIFICATION: I certify that the information submitted on this report is true and correct to the best of my knowledge.

_____ **(SIGNATURE)** _____ **(DATE)**