



Ministry  
of Education

# SCHOOL DISTRICT STATEMENT OF FINANCIAL INFORMATION (SOFI)

6049

|                             |                         |             |
|-----------------------------|-------------------------|-------------|
| SCHOOL DISTRICT NUMBER      | NAME OF SCHOOL DISTRICT | YEAR        |
| OFFICE LOCATION(S)          | TELEPHONE NUMBER        |             |
| MAILING ADDRESS             |                         |             |
| CITY                        | PROVINCE                | POSTAL CODE |
| NAME OF SUPERINTENDENT      | TELEPHONE NUMBER        |             |
| NAME OF SECRETARY TREASURER | TELEPHONE NUMBER        |             |

## DECLARATION AND SIGNATURES

*We, the undersigned, certify that the attached is a correct and true copy of the Statement of Financial Information for the year ended*

*for School District No. \_\_\_\_\_ as required under Section 2 of the Financial Information Act.*

|  |             |
|--|-------------|
| SIGNATURE OF CHAIRPERSON OF THE BOARD OF EDUCATION | DATE SIGNED |
| SIGNATURE OF SUPERINTENDENT                        | DATE SIGNED |
| SIGNATURE OF SECRETARY TREASURER                   | DATE SIGNED |