

CERTIFICATE OF EDUCATIONAL CONVENIENCE

Pursuant to Authority granted under ARS 15-825

_____ Number of students per attached list	_____ SAIS ID Number	_____ Parent/Legal Guardian's District of Residence
_____ Name of Student	_____ SP ED CENSUS NO	_____ Name and Number of District of Residence ARS 15-825
_____ Birthdate	_____ Grade	_____ Date of entrance into school requesting Certificates

For entrance in to \_\_\_\_\_  
District Name CTD Number

- CEC A Pupil precluded from attending district of residence or in an unorganized territory (ARS 15-825 A)
- CEC B Pupil placed in licensed foster home, childcare center, corrective/rehabilitation institution or Department of Juvenile Corrections in a residence pursuant to interstate compact on juveniles (ARD 15-825 B)

\_\_\_\_\_  
Deputy County School Superintendent

\_\_\_\_\_  
Date County

\_\_\_\_\_  
County Contact Phone Number County Contact Email Address