Nevada Department of Education
Class Size Reduction Program
Fiscal Year 2025-2026 Application

PART IV: CERTIFICATION

Please include the signature of the district superintendent and an education association representative on this certification prior to submission of this application.

I, Amanda Rosener , hereby certify that:

- ☒ To the best of my knowledge the information contained in this application is correct and in accordance with Nevada Revised Statute 388.720;
- ☒ That the plan contained herein has been developed with the following recognized associations representing licensed educational personnel: ; and
- ☒ That the local Board of Trustees has authorized me to file this plan and such action is recorded in the minutes of the Board's meeting held on .

Education Association:		**Date:**	9.30.25
Signature:	K Benson		

District Superintendent:		**Date:**	
Signature:			9/30/2025