

Statewide Information System 2025-2026

CYCLE 5 – Certification of Data Accuracy

I hereby certify by my signature below that I have thoroughly reviewed the information contained in the following individual reports required for the statewide information cycle 5 report and that the data contained in each report is true, accurate and timely for the reporting time period of each required report. I further certify that each report is a complete and full report of all data required by the respective reports and that no further edits or re-submissions of any report is necessary. Therefore, I hereby agree that no changes shall be made to these reports unless required by law or agreed to by the Arkansas Department of Education and based upon the forgoing promises and covenants I submit that the following reports accurately describe the status and condition of the

_____ School District as of _____.
Specifically, the reports I refer to above and submit as part of the cycle 5 submission process to the Arkansas Department of Education are as follows:

ALE Days	Novice Teacher Report
ABC Preschool Count	Para-Professional Report
Apprentice Teacher	Preschool Counts
Bus Information	Quarterly Superintendent's Attendance
Bus Pupil Transportation	Quarterly Superintendent's Crossover Attendance
Bank Reconciliation	Quarterly Average Superintendent's Attendance
Consolidated LEA	Safety Drills
Contacts Persons (District/School)	School Calendar Information
Digital Equity Counts	School General Information
Digital Learning Courses	School Board Training Hours
District Child Nutrition	Student ELL Information
District General Information	Student Homeless Information
District Preschool Lunch Status Report	Student Homeless Information
Employee Certified Staff Job Analysis	Student ID Change
Employee Certified Staff Job Analysis (out of district)	Student Seal of Biliteracy
Employee Leave Report	Student Status Information
Employee Years of Experience	Student Transportation Counts

SCHOOL DISTRICT

LEA

SUPERINTENDENT'S SIGNATURE

DATE

PLEASE COMPLETE AND SIGN THIS FORM: THE FORM WILL BE UPLOADED AS PART OF THE CYCLE SUBMISSION PROCESS. (Keep a copy of form for your records)