

**MARIN COUNTYWIDE PLAN
FOR
EXPELLED YOUTH
Certification**

I certify that on _____ the _____
(date)

School District Board of Trustees approved the Marin Countywide Plan for
Expelled Youth.

Superintendent Name

District Name

Please return **by June 8, 2015** to:

Raquel Rose, Assistant Superintendent
Marin County Office of Education
P.O. Box 4925
San Rafael, CA 94913