

ADA ANNUAL REPORT

FORM for NON-PUBLIC and SPECIAL STATE SCHOOLS



MISSISSIPPI
DEPARTMENT OF
EDUCATION
MT-9 ADA Form

SEND COMPLETED FORM BEFORE JUNE 15TH:															
phone 601-984-8274 E-mail esimmons@mdek12.org Website www.mdek12.org/OAE/OEER/TextbookAdoptionProcurement				Mailing Address P. O. Box 771 Jackson, MS 39205-0771				Physical Address 1252 Eastover Dr. Suite 301 Jackson, MS 39211							
SCHOOL INFORMATION															
School Name:				Elementary Grades _____ to _____						Length of School Terms in Days					
				Secondary Grades _____ to _____											
ENROLLMENT AND AVERAGE DAILY ATTENDANCE BY GRADES															
Item	K	1	2	3	4	5	6	7	8	9	10	11	12	SP. ED	Total
1. Original Membership															
2. Gains															
3. Losses															
4. Net Membership <small>(Original Memberships +Gains -Losses)</small>															
5. Total Days Present <small>(Net Memberships *Length of School Term in Days)</small>															
6. Total Days Absent															
7. Total Days Taught per Student <small>(Item #5 – Item #6)</small>															
8. Average Daily Attendance <small>(Item #7/Length of school term in days)</small>															
<p>I certify that the above information is correct</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 60%; text-align: center;">Authorized Signature /Title</div> <div style="border-top: 1px solid black; width: 30%; text-align: center;">Date</div> </div>															