## To be sent to External/Accountant Auditor only

BOARD OF MANAGEMENT – CONFIRMATION OF DATA TO BE SUBMITTED TO THE FSSU (This document does not form part of the Financial Accounts)

SCHOO	OL NAME		ROLL NUMBER	
ADDRE	ss			
Accoun	tants/Aud	itors Name:		
Accoun	tants/Aud	itors Address:		
Door		(in cont	Accountant/Auditara nama)	
Dear_		, (IIISert	Accountant/Auditors name)	
1.	The boa	rd of management of	insert school name	
	authoris	e insert accountants/a	uditors name, to transfer	
	the relev	ant information conta	ined in the financial accounts to the Financial Support Services	
	Unit as part of the online submission process.		nission process.	
			proves the transfer of relevant information contained in the board unts from the Financial Support Services Unit to:	
	a) t	he Central Statistics	Office, to satisfy the annual reporting obligations.	
		the Charities Regulato Section 52 of the Cha	r, to satisfy the annual reporting obligations set out in ities Act 2009.	
	c) 1	he Patron, where req	uested	
3. 4.	bank balance of the Parents Association and/or Student Council are included in these accounts.  The board of management confirms that the Trustee details for the school are registered			
5.	correctly with the CRA.  Number of pupils enrolled in the school for the year ended 31st August 2019 was insert numbe			
0.				
6.	The average number of employees employed directly by the board of management in the			
7.	school for the year ended 31 <sup>st</sup> August 2019 was insert number  The number of individuals who have volunteered for the board of management and the school for the year ended 31 <sup>st</sup> August 2019 was: (tick thebox)			
	None			
	1 - 9			
	10 - 19			
	20 - 49			
	50 - 249	<del>-</del>		
	250+			
On behalf of the board of mana		board of manageme	t on(insert date)	
Chairperson		hairperson	Board Member	