

Date of Local Board Approval: _____

Signature of Superintendent: _____

LEA Contact Person: _____ Phone: _____

Questions concerning the completion of this form should be directed to StudentAccounting@dpi.nc.gov.

Completed form may be:

Faxed to: 919-807-3723 Attn: Student Accounting

Emailed to: StudentAccounting@dpi.nc.gov.