

# ATTACHMENT A

## NYSTL 2009-2010 NEW YORK STATE TEXTBOOK LOAN PROGRAM LOAN REQUEST AND ENROLLMENT CERTIFICATE NON-PUBLIC SCHOOLS

**SECTION A**

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NAME OF SCHOOL \_\_\_\_\_ Date Established \_\_\_\_\_

DOE LOCATION CODE \_\_\_\_\_ BEDS NUMBER \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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**SECTION B**

The **ACTUAL** number of **ELIGIBLE** students on register as reported to SED for BEDS prior to November 1, 2009 residing in New York City, in grades K-12 is \_\_\_\_\_. The grades included are as follows:

<i>GRADE</i>	<i>NYC Residents Enrolled Prior To 11/01/09</i>	<i>Total Number of Students Prior To 11/01/09</i>
<i>K</i>		
<i>1</i>		
<i>2</i>		
<i>3</i>		
<i>4</i>		
<i>5</i>		
<i>6</i>		
<i>7</i>		
<i>8</i>		
<i>9</i>		
<i>10</i>		
<i>11</i>		
<i>12</i>		
<b>TOTALS</b>		

**NOTE: STATE LAW REQUIRES THAT ANY CHANGE IN REGISTER PERTAINING TO ELIGIBLE NYC RESIDENT STUDENTS BE REPORTED TO THIS OFFICE IMMEDIATELY.**

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**SECTION C**

I CERTIFY THAT THE ENROLLMENT DATA REPORTED HEREIN IS CORRECT AND THAT ANY NYSTL MATERIALS REQUISITIONED ARE FOR LOAN TO ELIGIBLE STUDENTS IN GRADES K-12 WHO LEGALLY RESIDE IN NEW YORK CITY. ALL NYSTL MATERIALS REQUISITIONED FOR LOAN WILL BE USED ONLY FOR INSTRUCTIONAL/EDUCATIONAL PURPOSES, SPECIFICALLY EXCLUDING ADMINISTRATIVE AND RELIGIOUS ACTIVITIES AS REQUIRED BY NEW YORK STATE LOAN PROGRAM REGULATIONS.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL/DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
TITLE

ALL DAY CARE PROGRAMS (ACD & PRIVATE) ARE REQUIRED TO COMPLETE THE OTHER PAGE.

ALL FORMS ARE TO BE RETURNED TO: DOE, NPS Payables, Division of Financial Operations, 65 Court Street –Room 1502, Brooklyn, NY 11201. ATT: NPS State Support Group.

# ATTACHMENT A

## NYSTL 2009-2010 NEW YORK STATE TEXTBOOK LOAN PROGRAM DAY CARE CENTERS

### SECTION A ONLY DAY CARE CENTERS MUST COMPLETE THIS PAGE

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NAME OF SCHOOL \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

DOE LOCATION CODE \_\_\_\_\_ BEDS NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE & FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ACD DAY CARE \_\_\_\_\_ OR PRIVATE DAY CARE \_\_\_\_\_

### SECTION B

The **ACTUAL** number of **ELIGIBLE** children on register prior to November 1, 2009, residing in New York City, enrolled in a Kindergarten program at this Day Care facility is \_\_\_\_\_.

ALL DAY CARE CENTERS: Only enrolled children 5 years or older as of 12/31/09 who attend your program as their primary and exclusive educational institute are eligible. PRE-K PUPILS ARE NOT ELIGIBLE. **Please list only the names and dates of birth of those who are eligible on letterhead and attach to this form.**

**NOTE: STATE LAW REQUIRES THAT ANY CHANGE IN REGISTER PERTAINING TO ELIGIBLE NYC RESIDENT STUDENTS BE REPORTED TO THIS OFFICE IMMEDIATELY.**

### SECTION C

I CERTIFY THAT THE ENROLLMENT DATA REPORTED HEREIN IS CORRECT AND THAT ANY NYSTL MATERIALS REQUISITIONED ARE FOR LOAN TO ELIGIBLE STUDENTS IN GRADES K-12 WHO LEGALLY RESIDE IN NEW YORK CITY. ALL NYSTL MATERIALS REQUISITIONED FOR LOAN WILL BE USED ONLY FOR INSTRUCTIONAL/EDUCATIONAL PURPOSES, SPECIFICALLY EXCLUDING ADMINISTRATIVE AND RELIGIOUS ACTIVITIES AS REQUIRED BY NEW YORK STATE LOAN PROGRAM REGULATIONS.

\_\_\_\_\_  
SIGNATURE OF DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACD PROGRAM CONSULTANT  
APPROVAL SIGNATURE/DATE

\_\_\_\_\_  
ACD OFFICE OF PROGRAM DEVELOPMENT  
APPROVAL SIGNATURE/DATE

ACD PROGRAM CONSULTANTS: PLEASE RETURN FORM TO ACD OFFICE AS INSTRUCTED FOR APPROVAL.

PRIVATE DAY CARE PROGRAMS must attach a copy of the current Health Department Permit and return form directly to: DOE, NPS Payables, Division of Financial Operations, 65 Court Street - Room 1502, Brooklyn, N.Y. 11201. ATT: NPS State Support Group.

Please list only the names and dates of birth of those who are eligible on letterhead and attach to this form.