

ATTACHMENT B

**NYSSL/ NYSLIB & NYS CH 2009- 2010
NEW YORK STATE SOFTWARE/ LIBRARY & HARDWARE LOAN PROGRAMS
LOAN REQUEST AND ENROLLMENT CERTIFICATE
NON-PUBLIC SCHOOLS**

SECTION A

DOE LOCATION CODE _____ *BEDS NUMBER _____

*Please refer to instructions on page 2 regarding procedure for obtaining a BEDS number. All schools wishing to participate must obtain a BEDS number.

NAME OF SCHOOL _____ DATE ESTABLISHED _____

SCHOOL ADDRESS _____ ZIP _____

TELEPHONE _____ CONTACT PERSON _____

FAX # _____ E-MAIL ADDRESS _____

SECTION B

The ACTUAL number of ELIGIBLE students on register as reported to SED for BEDS prior to November 1, 2008, who attended this school in grades K-12 was _____. PRE-K IS NOT ELIGIBLE. Please indicate by grade the number of eligible students enrolled prior to November 1, 2008 for BEDS.

- | | |
|----------|-----------|
| K. _____ | 6. _____ |
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| | 12. _____ |

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

SECTION C

I CERTIFY THAT THE ENROLLMENT DATA REPORTED HEREIN IS CORRECT AND ANY NYSSL/NYSLIB MATERIALS & HARDWARE EQUIPMENT REQUISITIONED ARE FOR LOAN TO ELIGIBLE STUDENTS IN GRADES K-12 WHO LEGALLY ATTENDED A SCHOOL IN NEW YORK CITY. I ALSO CERTIFY THAT ALL NYSSL/NYSLIB MATERIAL & NYS CH EQUIPMENT REQUISITIONED FOR LOAN WILL BE USED ONLY FOR SECULAR INSTRUCTIONAL AND EDUCATIONAL PURPOSES IN ACCORDANCE WITH THE SCHOOL'S ACCREDITED SECULAR ACADEMIC OBJECTIVES AND THAT, IN COMPLIANCE WITH CONSTITUTIONAL LAW AND NEW YORK STATE LOAN PROGRAM REGULATION, WILL NOT BE USED FOR ANY RELIGIOUS INSTRUCTION OR FOR SCHOOL ADMINISTRATIVE PURPOSES.

SIGNATURE OF PRINCIPAL/DIRECTOR

DATE

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

TITLE

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 B

**NYSSL/ NYSLIB & NYS CH 2009- 2010
NEW YORK STATE SOFTWARE/ LIBRARY & NYS CH LOAN PROGRAM
LOAN REQUEST AND ENROLLMENT CERTIFICATE
DAY CARE CENTERS**

SECTION A ONLY DAY CARE CENTERS MUST COMPLETE THIS PAGE

DOE LOCATION CODE _____ * BEDS NUMBER _____

*Please refer to instructions of page 2 regarding procedure for obtaining a BEDS number. All schools wishing to participate must obtain a BEDS number.

DAY CARE CENTER _____ DATE ESTABLISHED _____

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, 2008, who attended this Day Care facility enrolled in a kindergarten program was: _____.

ALL DAY CARE CENTERS: Only enrolled children 5 years or older as of 12/31/08 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 ANY NYSSL/NYSLIB MATERIALS & NYS CH EQUIPMENT REQUISITIONED ARE FOR LOAN TO ELIGIBLE STUDENTS IN GRADE K-12 WHO LEGALLY ATTENDED A SCHOOL IN NEW YORK CITY. I ALSO CERTIFY THAT ALL NYSSL/NYSLIB MATERIALS & NYS CH EQUIPMENT REQUISITIONED FOR LOAN WILL BE USED ONLY FOR SECULAR INSTRUCTIONAL AND EDUCATIONAL PURPOSES IN ACCORDANCE WITH THE SCHOOL'S ACCREDITED SECULAR ACADEMIC OBJECTIVES AND THAT, IN COMPLIANCE WITH CONSTITUTIONAL LAW AND NEW YORK STATE LOAN PROGRAM REGULATION, WILL NOT BE USED FOR ANY RELIGIOUS INSTRUCTION OR FOR SCHOOL ADMINISTRATIVE PURPOSES.

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, NY 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.