



Date of Local Board Approval: \_\_\_\_\_

Signature of LEA Superintendent: \_\_\_\_\_

LEA Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions concerning the completion of this form should be directed to [StudentAccounting@dpi.nc.gov](mailto:StudentAccounting@dpi.nc.gov).

Completed form may be:

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

Emailed to: [StudentAccounting@dpi.nc.gov](mailto:StudentAccounting@dpi.nc.gov).