

Co-Location Questionnaire

Instructions

If the CSP sub-grantee school will share a facility or campus with another public school, complete all sections of this form (1-4).

If the CSP sub-grantee school will not share a facility or campus with another public school, *only complete sections 1 and 4.*

Sign and upload completed form to CSP Grant Tracking System within the Documents Tab under Implementation Documents.

SECTION 1:

CSP Sub-recipient School Name: _____

District: _____

CSP-ID: _____ MSID (if known): _____

SECTION 2: Mandatory Queries

1. Describe how the sub-recipient school and the co-located school are marketed as two separate and distinct public schools? This may include separate signage, separate marketing campaigns, and/or separate website.

2. Provide a brief description of the outreach efforts of the school that demonstrate that the school was recruiting within the entire community it serves?

3. Does the school conduct a separate application process?

4. Did the school use a lottery for the last enrollment period?

5. Does the school have copies of student application submitted during the last enrollment period? If not, what documentation is available to demonstrate that students applied to the school?

6. Describe how the school ensures and can demonstrate that CSP funded purchases benefit only the students enrolled in the CSP funded school?

7. Do the schools have separate staffs? If no, explain staff scheduling for co-located schools.

8. Are the school's day to day operations carried out by different administrators?

9. Are the schools clearly identifiable to the general public as being separate schools? What separations are in place to eliminate confusion among the general population?

10. Have any students been transferred between the co-located schools? If so, do you have written consent from the parent?

SECTION 3: CO-LOCATION DETAILS

List the school(s) that the CSP Sub-grantee will share facility or campus with.

School Name: MSID: _____

School Name: MSID: _____

SECTION 4: Signatures

____ I confirm that the CSP sub-grantee does not share a facility or campus with another public school.

____ I confirm that the CSP sub-grantee school shares a facility with the school(s) identified in section 3 and that the responses in Section 2 are accurate.

Name: _____ Date: _____

Title: _____

Signature: _____

*I certify to the best of my knowledge and belief all of the statements contained herein are true, complete, and made in good faith. **Note: Signature validation status required on electronic signatures to authenticate signature.***