

## Nonprofit Private School Teacher Cancellation Low Income Directory Application

### School Information

Private School Name \_\_\_\_\_ School Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ School's Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person's Email Address \_\_\_\_\_

School Year \_\_\_\_\_ Grades Served \_\_\_\_\_

### Application Information

Does the school participate in the National School Lunch Program (NSLP) administered by the Florida Department of Agriculture, Office of Food and Nutrition? ☐ Yes ☐ No

NSLP sponsor agreement number \_\_\_\_\_

Number of K-12 Low-Income Students as of October 1 <sup>st</sup> of the school year *	(divided by)	Total K-12 students in the school*	(equals)	Percent of Low Income Students (more than 35% needed to qualify)
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*\*Do not include pre-kindergarten students.*

**I certify that both the school and student eligibility information included in this application for the \_\_\_\_\_ school year is true. If at any point the school's status changes, I will report this information to the Office of Independent Education and Parental Choice.**

\_\_\_\_\_  
School Administrator (Printed Name)

\_\_\_\_\_  
School Administrator Signature

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_ (name of person acknowledging).

- ☐ Personally Known OR
- ☐ Produced Identification; Identification Produced \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary