



LEA/CBO ENROLLMENT AUDIT DATA CERTIFICATION

This form also serves as a Request for Appropriations Disbursement for Public Charter Schools

SY 2014-2015

This form must be completed by ALL LEAs and CBO's

Please submit completed application electronically and with the original signatures.

LEA/CBO Name: _____ Date: _____

EIN (PCS Only): _____ License Number (CBO Only): _____

Certification Information

Please specify the number of students your LEA is certifying for each category based on October 6, 2014 enrollment. In the case in which the Enrollment Audit section in SLED does not accurately reflect your LEA's enrollment in any category, reference the OSSE Support Tool (OST) Ticket Number that is open to address the issue.

Category	SLED Student Count	LEA Totals (if different from SLED)	Open OST Ticket number(s)
Enrolled			
PK3			
PK4			
KG			
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
Adult			
Alternative			
Special Ed			
Residents			
LEP			
Special Ed Level 1			
Special Ed Level 2			
Special Ed Level 3			
Special Ed Level 4			
At Risk			

Please continue to page 2.



We certify by our signatures below that the information provided reflects the above identified LEA's current enrollment as of October 6, 2014. Further, we commit to resolving any discrepancies that exist between our actual enrollment and OSSE's State Longitudinal Education Data (SLED) system in a timely manner.

_____	_____
Head of LEA/CBO Manager	Date
_____	_____
LEA/CBO Financial Officer (PCS only)	Date
_____	_____
Chairperson of the Board of Trustees (PCS only)	Date
_____	_____
Executive Director of Public Charter School Board (completed by PCSB upon submission)	Date

General Information (Charter LEAs only)

Please check one of the following to identify the chartering authority that approved your charter:

D.C. Board of Education D.C. Public Charter School Board

PCS Name: _____

PCS Address: _____

PCS Phone Number: _____ PCS Fax Number: _____

E-mail Address: _____

PCS Sponsor/Management Company: _____

(If not applicable, please leave blank)

Names and Contact Information (PCS only)

PCS Board of Trustees Chairman: _____ Phone: _____

PCS Principal: _____ Phone: _____

PCS Financial Officer: _____ Phone: _____

Financial Institution Information (PCS Only)

Financial Institution Name: _____

PCS Bank Address: _____

PCS Bank Account Title: _____

Type of Accounts: _____ Checking _____ Savings

Account Number: _____

(Account number appearing on monthly statements, not at the bottom of PCS checks.)

Bank Contact Person and Phone Number: _____

ABA Routing Number: _____

(Please contact your bank for these numbers. Do not type the numbers at the bottom of checks.)