

AUTHORIZATION TO PAY THE FY____ALLOCATION OF STATEWIDE ALTERNATIVE EDUCATION ACADEMY PROGRAM FUNDS TO THE LOCAL EDUCATIONAL (LEA) FOR THE COOPERATIVE

Please complete the follow information and upload into your Alternative Education Implementation Plan in Single-Sign-On.

Plan is open from August 1 through September 1.

District Name:_____ District Number_____

County Name:_____ County Number_____

District listed above authorizes SDE to pay LEA 100% of Alternative Education Allocation for FY_____ to district listed below.

We authorize the Oklahoma State Department of Education (SDE) to pay our district's FY_____ Alternative Education Academy Allocation to the LEA listed below to provide Alternative Education Services for students in our district. We understand that this form does not constitute a contractual agreement for Alternative Education Services with the LEA. We understand that the SDE encourages us to develop a contractual agreement with the LEA that describes the details of the rights and responsibilities of each member of the Alternative Education Cooperative, including the amount above the allocation that each member of the cooperative should pay to the LEA for each student served.

Superintendent's Name:_____

Superintendent's Signature:_____ Date_____

Board President's Name:_____

Board President's Signature:_____ Date_____

THE DISTRICT LISTED BELOW WILL RECEIVE 100% OF OUR
ALTERNATIVE EDUCATION ACADEMY ALLOCATION AND WILL SERVE AS THE
LEA FOR OUR DISTRICT'S ALTERNATIVE EDUCATION COOPERATIVE
PROGRAM.

LEA District Name:_____ LEA District Number_____

LEA County Name:_____ LEA County Number_____

