

**SECTION 504 TEACHER UNIT ALLOCATION REQUEST
FOR STUDENTS IN A STATE-LICENSED FACILITY
(Due June 30, 2020)**

Please indicate:

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School District: _____
Name of School District

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Private School Housed Within State-Licensed Facility: _____
Name of Private School (if different than facility name)

A. Name of State-Licensed Facility: _____

B. Number of Beds: _____ Average Length of Stay: _____

C. Teacher	District Time	Number of 504 Students Served

Please attach the following:

- A copy of the facility's State license
- A copy of teacher's license
- A copy of facility's accreditation

Statement of Assurances (signed by either the superintendent of the school district or the head administrator of the State-licensed facility): I do hereby certify that students served by teachers listed meet the criteria outlined in the State Policy 48.1. Documentation is on file that verifies all criteria are met for each student. Therefore, I or funding.

Superintendent/Head Administrator's Signature

Date

To Be Completed By MDE Staff:

Reviewed By: _____
Division Director

Date

Number of Units Allocated: _____

Office Director

Date