

TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET

Name of School:

District Code Number:

[illegible]

Statement of Assurances (signed by the superintendent of the school district or the head administrator of the State-licensed facility): I do hereby certify that students served by teachers meet the criteria outlined in the State Board Policy 48.1. Documentation is on file that verifies all criteria are met for each student. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for funding.

Superintendent/Head Administrator's Signature _____

Date _____