

Mississippi Department of Education Office of Federal Programs

Significant Increase in Enrollment Verification Form

Date: _____

School Year: _____

Charter School Name: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Charter School Administrator: _____

Charter School Federal Programs Contact Person: _____

Phone: _____ **E-mail:** _____

Total School Enrollment is based on _____

for the _____ **school year (date must be prior to October 1st):**

Enrollment Counts by Grade:

Grade	Number Enrolled	Grade	Number Enrolled
Kindergarten		7 th Grade	
1 st Grade		8 th Grade	
2 nd Grade		9 th Grade	
3 rd Grade		10 th Grade	
4 th Grade		11 th Grade	
5 th Grade		12 th Grade	
6 th Grade			

By submitting this form, the local charter school's education agency representatives assure that the form has been authorized by the board, and the undersigned representatives have been duly authorized by formal action of the board to file this form for, and on behalf of, the local charter school education agency, and otherwise to act as the authorized representatives of the local charter school education agency in connection with their Title application. By submitting this form, the local charter education agency is acknowledging that the enrollment numbers listed above are factual.

Charter School Administrator's Signature: _____ **Date:** _____

Mississippi Charter School Board Member Signature: _____ **Date:** _____