

Mississippi Department of Education

Office of Special Education

2024-2025

Extended School Year Application

Fillable Forms

**ESY Program Contact:**

Vanessa Virgil Ruffin

[vvirgil-ruffin@mdek12.org](mailto:vvirgil-ruffin@mdek12.org)

**Required Forms**

**FORM A**

**COVER PAGE**

**EXTENDED SCHOOL YEAR APPLICATION**

**SUMMER 2025**

1. **DISTRICT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

1. **STUDENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EMD) |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) |  | Visually Impaired (VI) |  |
| Language Speech Impairment (LS) |  | **TOTAL** |  |

1. **ESY DATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning Date:** |  | **Ending Date:** |  |

1. **ASSURANCES**

As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the individual decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP as requiring the provision of an ESY. ESY IEP pages are kept on file for audit and monitoring purposes.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

Superintendent’s Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
| **E. ESTIMATED OVERALL COSTS:** | |  | **APPROVAL:** |
| **Salaries** | **$** |  |  |
| **Travel/ Transportation** | **$** |  | ESY Program Contact Date |
| **Contractual Services** | **$** |  | Office Director, OSE Fiscal Support Date |
| **Materials/Supplies/ Commodities** | **$** |  | Bureau Director, OSE Fiscal Support Date |
| **Private Placement to include Transportation** | **$** |  | **PROJECTED APPROVAL AMOUNT:** |
| **Other** | **$** | $ |
| **Total** | **$** |

**FORM B**

COVER PAGE – Amendment

EXTENDED SCHOOL YEAR APPLICATION

SUMMER 2025

Amendment Request #

1. **DISTRICT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

1. **STUDENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EMD) |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) |  | Visually Impaired (VI) |  |
| Language Speech Impairment (LS) |  | **TOTAL** |  |

1. **ESY DATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning Date:** |  | **Ending Date:** |  |

1. **ASSURANCES**

As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the individual decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP as requiring the provision of an ESY. ESY IEP pages are kept on file for audit and monitoring purposes.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

Superintendent’s Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
| **E. ESTIMATED OVERALL COSTS:** | |  | **APPROVAL:** |
| **Salaries** | **$** |  |  |
| **Travel/ Transportation** | **$** |  | Division Director Date |
| **Contractual Services** | **$** |  | Office Director, District Fiscal Services Date |
| **Materials/Supplies/ Commodities** | **$** |  | Bureau Director, District Fiscal Services Date |
| **Private Placement to include Transportation** | **$** |  | **PROJECTED APPROVAL AMOUNT:** |
| **Other** | **$** | $ |
| **Total** | **$** |

# FORM C

**NONPARTICIPATION ASSURANCE FORM**

**(If applicable) School Year 2024-2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

As Superintendent of this district, I certify by my signature that there are no students eligible for Extended School Year Services based on individual IEP committee decisions. Documentation is on file supporting each IEP Committee decision that ESY services are not required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature Date

**This form must be submitted on or before June 30, 2025.**

**Email the ESY Program Contact indicating that this form has been uploaded to SharePoint.**

# FORM D

**ESY**

**PROJECTED BUDGET SUMMARY**

**Summer 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

|  |  |  |
| --- | --- | --- |
| **Expenditures** | **Amount** | |
| Salaries, Wages, Fees and/or Fringes: | $ |  |
| Travel/Transportation | $ |  |
| Contractual Services: | $ |  |
| Materials/Supplies/Commodities: | $ |  |
| Private Placement | $ |  |
| *Includes transportation costs for DHS/CPS placements. Appropriate Educable Child forms are required for reimbursement.* |
| Other: (ex: Utilities) | $ |  |
| **Total Projected Budget:** | **$** |  |

***NOTE: Expenditures must be thoroughly explained in the Budget Narrative. Equipment, food, beverages, and incentives are not allowable for ESY***

**FORM E-1**

**ESY**

**PROJECTED BUDGET NARRATIVE Summer 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

Enter the names of staff along with the projected salary to include benefits as projected for the ESY session. Documentation must be on file in the district to justify the necessity and reasonableness of each salary.

|  |  |  |
| --- | --- | --- |
| **Salaries/Fringes**  Use the section below to provide a description of the planned use of funds for salaries, wages, and/or fringe benefits. Certified/Licensed Personnel listed here are also listed on Form G. All Personnel listed here are listed on Form H. | | |
| **Name of Personnel**  *Alphabetical by Last Name* | **Position** | **Projected Salaries**  *including fringe benefits* |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** |  |  |
| **Total for Salaries, Wages, Fees and/or Fringes:** | | **$** |

# FORM E-2 TRANSPORTATION/TRAVEL

***Private Placement Costs should be included on Form F, not this form***.

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** |  | **District Code:** |  |

**Bus Transportation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bus # | Driver | # of Students | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  |  |  | $ .655 |  |
|  |  |  |  |  |  | $ .655 |  |
|  |  |  |  |  |  | $ .655 |  |
|  |  |  |  |  |  | $ .655 |  |
|  |  |  |  |  |  | $ .655 |  |
|  |  |  |  |  |  | $ .655 |  |
|  | | | | | | **TOTAL** |  |

**Parent or Private Carrier**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent or Private Carrier | # of Students | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  |  | $ .655 |  |
|  |  |  |  |  | $ .655 |  |
|  |  |  |  |  | $ .655 |  |
|  |  |  |  |  | $ .655 |  |
|  |  |  |  |  | $ .655 |  |
|  |  |  |  |  | $ .655 |  |
|  | | | | | **TOTAL** |  |

**Itinerant Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Itinerant Teacher | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  | $ .655 |  |
|  |  |  |  | $ .655 |  |
|  |  |  |  | $ .655 |  |
|  |  |  |  | $ .655 |  |
|  |  |  |  | $ .655 |  |
|  |  |  |  | $ .655 |  |
|  | | | | **TOTAL** |  |

|  |  |  |
| --- | --- | --- |
| **Grand Total:** | **$** |  |

*Enter on Form D as Travel/Transportation*

# FORM E-3 ESY

**PROJECTED BUDGET NARRATIVE Summer 2025 (SY 2024-2025)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTRACTUAL SERVICES**  Use the section below to provide a detailed description for the planned use of funds for contractual services to include travel cost. Personnel listed here are also listed on Forms G and H. | | | | | |
| **Contractual Personnel**  **(Alphabetical by Last Name)** | **Service Provided** | **Number**  **of Hours** | **Hourly**  **Rate** | **Number of Students Served** | **Amount Requested** |
| **1.** |  |  |  |  | **$** |
| **2.** |  |  |  |  | **$** |
| **3.** |  |  |  |  | **$** |
| **4.** |  |  |  |  | **$** |
| **5.** |  |  |  |  | **$** |
| **6.** |  |  |  |  | **$** |
| **7.** |  |  |  |  | **$** |
| **8.** |  |  |  |  | **$** |
| **9.** |  |  |  |  | **$** |
| **10.** |  |  |  |  | **$** |
| **11.** |  |  |  |  | **$** |
| **12.** |  |  |  |  | **$** |
| **13.** |  |  |  |  | **$** |
| **Total for Contractual Services** | | | | | **$** |

**Form E-4 ESY**

**PROJECTED BUDGET NARRATIVE Summer 2025 (SY 2024-2025)**

|  |  |  |  |
| --- | --- | --- | --- |
| Materials/Supplies/Commodities  Use the section below to provide a detailed description of the planned use of funds for the purchase of materials/supplies/commodities. Equipment, food, beverages, and incentives are not allowable for ESY. | | | |
| **Item** | **Quantity** | **Unit Cost** | **Amount Requested** |
| **1.** |  |  | **$** |
| **2.** |  |  | **$** |
| **3.** |  |  | **$** |
| **4.** |  |  | **$** |
| **5.** |  |  | **$** |
| **6.** |  |  | **$** |
| **7.** |  |  | **$** |
| **8.** |  |  | **$** |
| **9.** |  |  | **$** |
| **10.** |  |  | **$** |
| **11.** |  |  | **$** |
| **12.** |  |  | **$** |
| **13.** |  |  | **$** |
| **14.** |  |  | **$** |
| **15.** |  |  | **$** |
| **Total for Materials/Supplies/Commodities:** | | | **$** |

**Form E-5**

# ESY

**PROJECTED BUDGET NARRATIVE Summer 2025 (SY 2024-2025)**

|  |  |
| --- | --- |
| **Other**  Use the section below to provide a description of the planned use of funds for other expenses incurred for Extended School Year. Other expenses should be clearly stated and fully justified. | |
| **Other:** | **Amount Requested:** |
| **Total for Other:** | **$** |

# FORM F

**ESY PRIVATE PLACEMENT Summer 2025 (SY 2024-2025)**

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name (Alphabetical by Last Name)** | | **Student MSIS**  **Number** | **Eligibility Category** | **\*Current Eligibility Date** | **Name of Facility** | **Date of IEP determination of eligibility for ESY** | **\*\*Beginning Date**  **of ESY Services** | **\*\*\*Ending Date**  **of ESY Services** | **# Days Served** | **Daily Rate** | **Total Amount** |
| 1 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 2 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 3 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 4 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 5 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 6 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 7 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 8 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 9 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 10 |  |  |  |  |  |  |  |  |  | $166.68 |  |

# EDUCATIONAL

**RESIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Alphabetical order by last name:**  **Student Name** | | **Student MSIS**  **Number** | **Eligibility Category** | **\*Current Eligibility Date** | **Name of Facility** | **Date of IEP determination of eligibility for ESY** | **\*\*Beginning Date of ESY**  **of Services** | **\*\*\*Ending Date of ESY**  **Services** | **# Days Served** | **Daily Rate** | **Total Amount** |
| 1 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 2 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 3 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 4 |  |  |  |  |  |  |  |  |  | $166.68 |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |

**Form F (continued)**

# ESY PRIVATE PLACEMENT

**Summer 2025 (SY 2024-2025) TRANSPORTATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | | **Date(s) of Facility Closure** | | **Date(s) of Therapy Participation** | **Mode(s) of Transportation** | **Cost(s)**  *\*\*Only Amounts Included for Private Placement Total\*\** |
| 1 |  |  | |  |  |  |
| 2 |  |  | |  |  |  |
| 3 |  |  | |  |  |  |
| 4 |  |  | |  |  |  |
| 5 |  |  | |  |  |  |
| 6 |  |  | |  |  |  |
| 7 |  |  | |  |  |  |
| 8 |  |  | |  |  |  |
| 9 |  |  | |  |  |  |
| 10 |  |  | |  |  |  |
| **Educational Total:** | | | **Residential Tuition Total:** | | **Transportation Total:** | |

**Form G**

**ESY STUDENT ROLL**

**Summer 2025 (SY 2024-2025)**

*List all students served in ESY*

*(Form F must also be completed for students served through Private Placement)*

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF STUDENT  (Alphabetical by Last Name) | | MSIS ID NUMBER | Date of Birth | \*Current Eligibility  Date | Eligibility Category | \*\*Beginning Date of Services | \*\*\*Ending Date of Services | Total Number of Days | Total Number of Hours | ESYS  Justification | Location of Services | TEACHER | Aide Required Yes/No | List Related Services | Related Service Provider(s) | Transportation Bus(B)/Private Carrier (PC) |
| R/R CPI 1 CPI2 EC |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Number of Students Served:** | | | | | | | | | | | | | | |  | |

# FORM H

**ESY PROJECTED SERVICE PROVIDER LISTING**

**(Personnel listed on Forms E-1, E-3, and G are also listed here)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Service Provider**  **(Alphabetical by Last Name)** | **Position** | **License Number**  **(N/A if not required for position)** | **Number of Students Assigned** | **Total Hours** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**FORM I**

## REQUEST FOR REIMBURSEMENT

**EXTENDED SCHOOL YEAR Summer 2025**

**(SY 2024-2025)**

***This form must be accompanied by an expenditure report from the district’s software package.* DISTRICT NAME: DISTRICT CODE:**

**FOR MDE USE ONLY**

**Approved for Payment:**

$

Division Director

Date

Office Director

Date

Bureau Director

Date

Grants Management

Date

|  |  |
| --- | --- |
| **Salaries** | **$** |
| **Travel/Transportation** | **$** |
| **Contractual Services** | **$** |
| **Materials/Supplies/Commodities** | **$** |
| **Private Placement**  **to include Transportation** | **$** |
| **Other** | **$** |
| **Total** | **$** |

**ACTUAL ESY EXPENDITURES**

**B. STUDENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EMD) |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) |  | Visually Impaired (VI) |  |
| Language/Speech Impairment (S/L) |  |  |  |
|  |  | **TOTAL** |  |

**As Business Manager/Chief Financial Officer of this district, I certify by my signature below and that**

**to the best of my knowledge:**

1. This application for reimbursement represents the **actual cost** of operating ESY for the 2024-25 summer session. The accompanying expenditure report is reflective of expenses incurred in the provision of ESY services to students in this school district. Sufficient documentation is available for audit inspection.

BUSINESS MANAGER/CFO SIGNATURE DATE

**As Superintendent of this district, I certify by my signature below and that to the best of my knowledge:**

1. This application for reimbursement represents the **actual cost** of operating ESY for the 2024-25 summer session. The accompanying expenditure report is reflective of expenses incurred in the provision of ESY services to students in this school district. Sufficient documentation is available for audit inspection.
2. The students with disabilities served met the ESY criteria established in accordance with the Mississippi Department of Education regulations and the educational services provided are specified in each student’s Individualized Education Program. ESY IEP pages are kept on file for audit and monitoring purposes.
3. No expenditure(s) which would have been incurred if there had not been ESY is (are) included for reimbursement. Documentation to support expenditures is on file for audit inspection.

SUPERINTENDENT’S SIGNATURE DATE

**The reimbursement request with the required expenditure report must be uploaded into SharePoint on or before September 30, 2025 along with an email notifying the ESY Program Contact that this application and any additional information has been uploaded to SharePoint.**

***Failure to submit documentation will impact reimbursement.***

# FORM J

**PRIVATE PLACEMENT REIMBURSEMENT FORM**

**Summer 2025 (SY 2024-2025)**

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

**\*\*\*\*If the student was not listed on original application, justification and documentation must be attached.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF STUDENT  (Alphabetical by Last Name) | | MSIS ID  Number | \*Current Eligibility Date | Date of Birth | \*\*Beginning Date of Services | \*\*\*Ending Date of Services | Exit Reason | Number of Days Served | Daily Educational Rate | Total Educational Cost | Transportation Cost as documented on Educable Child Form | Total Cost | \*\*\*\*Student Listed in Original Application Yes/No |
| 1 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 2 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 3 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 4 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 5 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 6 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 7 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 8 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 9 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
| 10 |  |  |  |  |  |  |  |  | $166.68 | $ | $ | $ |  |
|  | TOTAL |  |  |  |  |  |  |  |  | $ | $ | $ |  |

**Form J must be accompanied by Proof of Attendance in compliance with State Board Policy 9.2: Attendance Reporting**

**OPTIONAL FORMS**

*DO NOT SUBMIT WITH APPLICATION*

*These forms are to be used as worksheets and kept on file in the district.*

**FORM K**

*OPTIONAL FORM*

**ESY WORKSHEET**

**SUMMER SCHEDULE FOR EACH TEACHER**

**Summer 2025 (SY2024-2025)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF TEACHER:** | | | | | | | | | | |
|  | **JUNE** |  |  |  | **JULY** |  |  |  | **AUGUST** |  |
| DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION PER DATE | NUMBER OF HOURS OF TRAVEL PER  DATE | DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION PER DATE | NUMBER OF HOURS OF TRAVEL PER  DATE |  | DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION  PER DATE | NUMBER OF HOURS OF TRAVEL PER  DATE |
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| --- | --- | --- | --- | --- | --- |
| **TOTAL NUMBER OF DAYS** |  | **TOTAL HOURS OF INSTRUCTION** |  | **TOTAL TRAVEL HOURS** |  |
| **GRAND TOTAL OF HOURS OF INSTRUCTION AND TRAVEL** | | | |  | |

**FORM L**

*OPTIONAL FORM*

**ESY WORKSHEET**

**SUMMER SCHEDULE FOR EACH CONTRACTUAL SERVICE PROVIDER**

**Summer 2025 (SY 2024-2025)**

**NAME:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **JUNE** |  |  | **JULY** |  |  | **AUGUST** |
| **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** | **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** | **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** |
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| --- | --- | --- | --- |
| **TOTAL NUMBER OF DAYS** |  | **TOTAL HOURS OF SERVICES** |  |

**FORM M**

*OPTIONAL FORM*

**ESY WORKSHEET - BUS TRANSPORTATION**

**Summer 2025 (SY 2024-2025)**

Use the following formulas to calculate bus transportation costs. If the driver is transporting more than one student, the names of all students can be listed on one line.

**TRANSPORTATION BY BUS**

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

**TOTAL COST $**

*(enter on Form E-2)*

**FORM N**

*OPTIONAL FORM*

**ESY WORKSHEET - PARENT OR PRIVATE CONTRACT TRANSPORTATION**

**Summer 2025 (SY 2024-2025)**

Use the following formulas to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

**TOTAL COST $**

*(enter on Form E-2)*

**FORM O**

*OPTIONAL FORM*

**ESY WORKSHEET -ITINERANT PERSONNEL TRAVEL**

**Summer 2025 (SY 2024-2025)**

Use the following formulas as needed to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

**TRAVEL BY ITINERANT PERSONNEL**

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

|  |  |  |
| --- | --- | --- |
| Driver’s Name: |  | |
| Student(s) Transported: |  | |
| MILES PER DAY | = |  |
| NUMBER OF DAYS | X |  |
| TOTAL MILES | = |  |
| RATE PER MILE | X | $ 0.70 |
| TOTAL COST | = |  |

**TOTAL COST $**

*(enter on Form E-2)*

**Form P**

*OPTIONAL FORM*

**ESY SALARY WORKSHEET**

**Summer 2025**

1. **PERSONNEL LISTING**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | | POSITION | PROJECTED TOTAL SALARY  *(including fringe benefits)* |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

**B. SALARY CALCULATION *(for each service provider****)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 1** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 2** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 3** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

**ESY Salary Worksheet (continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 4** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 5** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL 6** | A | Hourly Rate, Session Rate, or Daily Rate | $ |  |
| Rate Formula | B | Total # of Hours, Sessions, or Days |  |  |
| C | Total Salary (A x B) | $ |  |
| D | \_\_\_\_\_\_ % Social Security x C = | $ |  |
| E | \_\_\_\_\_\_ % Retirement x C = | $ |  |
| F | \_\_\_\_\_\_ % Workman's Compensation x C = | $ |  |
| **G** | **Total (Add C + D + E + F)** | $ |  |

**Total Cost $**

*(enter on Form D)*