



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 _____

