

For the non-public school to qualify for federal funds for services to displaced students, this form must be completed and returned to the non-public school by . Complete one form for each applicable non-public school.

Kentucky

ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

Application by Parent or Guardian for Emergency Impact Aid on Behalf Of Students Displaced by Hurricane Katrina or Hurricane Rita and Who Are Attending a Non-Public School

Name of Parent or Guardian:

Street/P.O. Box:

City:

State & Zip:

Name of Non-Public School Attended by Children Listed Below:

Street/P.O. Box:

City:

State & Zip:

Name of the **local public school district** within whose boundaries this non-public school is located:

List names of **displaced children enrolled** in this non-public school prior to 12/30/2005. **Displaced student** means a student who enrolled in a school (other than the school that the student was enrolled in, or was eligible to be enrolled in, on August 22, 2005) because the student resided on August 22, 2005 in an area for which a major disaster has been declared related to Hurricane Katrina or Hurricane Rita. Add additional pages if needed

First and Last Name of Child:	Dates of Total Enrollment: (for example, Sept. 12, 2005 – current)	Check here if child is <u>not</u> receiving special education and related services consistent with IDEA	Check here if child is receiving special education and related services consistent with IDEA

Assurances

- I request that the local public school district named above make payments to Emergency Impact Aid Accounts on behalf of each of the children named above.
- I certify that I enrolled the children named above in this non-public school prior to December 30, 2005 (the date of the enactment of the law authorizing Emergency Impact Aid for Displaced Students).
- I certify that the children named above were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita, and, as a result, are displaced students.
- I swear or affirm that the information on eligibility for Emergency Impact Aid for Displaced Students provided herein is accurate and completed and acknowledge that any fraudulent or false statements may result in loss of eligibility and subject the signatory and/or agency to being liable for reimbursement of the funds.

Name of Parent or Guardian:

Signature:

Date: