

ILLINOIS STATE BOARD OF EDUCATION
 Division of Funding and Disbursement Services
 100 North First Street, E-320
 Springfield, Illinois 62777-0001

ORPHANAGE TUITION PROGRAM DESCRIPTION FOR 18-3 EXCESS COST CLAIM
FOR 20__ - 20__ REGULAR SCHOOL TERM
(Section 18-3, the School Code)

NAME OF CONTACT PERSON	TELEPHONE (Include Area Code)
REGION, COUNTY, DISTRICT, TYPE CODE	NAME AND ADDRESS WHERE OFF-SITE PROGRAM IS LOCATED
DISTRICT NAME AND ADDRESS (Include Street, City, State and Zip Code)	1.

Location — Describe the standard regular education program provided during Regular Term. Include the following:

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| 2. Number of students served in program | |
| 3. Total days of attendance for students served | |
| 4. Total days program was in session (should equal final approved public school calendar) | |
| 5. Average daily attendance (line 3 divided by Line 4) | |
| 6. Daily instruction time program offererd (e.g. 8:30 a.m. -3:00 p.m.) | |

STAFF INFORMATION

7.	NAME	CERTIFICATE NUMBER	ASSIGNMENT

8. List standard curriculum offered and services that are different from those in the district's Regular Attendance Center.