

HEALTH SERVICES FOR CHILDREN IN NONPROFIT PRIVATE SCHOOLS

SCHOOL DISTRICT	LEA CODE	CONTACT PERSON	TELEPHONE	DATE
FAX	E-MAIL ADDRESS			

SCHEDULE 1: STATEMENT OF PAYMENTS FOR HEALTH SERVICES FOR CHILDREN IN NONPROFIT SCHOOLS				
LINE NO.	Type of Health Services Provided	(Column 1) Amount Paid By Board of Education	(Column 2) Amount Paid By Other Town Agency	(Column 3) Total * (Col. 1 + Col. 2)
1	Services of School Physician			
2	Services of School Nurse			
3	Services of Dental Hygienist			
4	Totals (Sum of Lines 1-3) *			

* For local use only. The State Department of Education data processing system will compute this amount automatically.

SCHEDULE 1A: NONRESIDENT CHILDREN SERVED	
INSTRUCTIONS: COMPLETE THE STATEMENT BELOW BY CHECKING ONE OF THE TWO CHOICES. For the schools claimed on Schedule 3, the total number of nonresident children served during 2023-24 was: _____ less than or equal to one thousand five hundred (1,500) _____ greater than one thousand five hundred (1,500) **	
** If you checked greater than one thousand five hundred (1,500), for future audit, you must maintain documentation that supports your child count.	

SCHEDULE 2: CERTIFICATION		
<ul style="list-style-type: none"> The Superintendent of Schools must sign below when any of the services provided per Schedule 1 were paid by the Board of Education. The Chief Executive Officer of the Town must sign below when any of the services provided per Schedule 1 were paid from a Town agency's budget other than the Board of Education's budget. If both the Board of Education and the Town paid for any of the services provided in Schedule 1, then the Superintendent of Schools and the Chief Executive Officer must sign below. In accordance with Section 10-217a of the Connecticut General Statutes I hereby certify that: <ul style="list-style-type: none"> a. for each nonprofit private school listed on Schedule 3, the majority of children attending the school during 2022-23 were residents of Connecticut; b. during 2023-24 children attending the listed schools received the same health services from our district as were provided to public school children; and c. to the best of my knowledge, the expenditures reported in Schedule 1 are correct and do not include any expenditures for special education. 		
Signature of Superintendent of Schools	Name Typed	Date Signed
Signature of Chief Executive Officer	Name Typed	Date Signed

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SCHOOL DISTRICT: _____ LEA CODE: _____

SCHEDULE 3: NONPROFIT PRIVATE SCHOOLS SERVED DURING THE 2023-24 SCHOOL YEAR		
LINE NO.	(Column 1) Name of Nonprofit Private School	(Column 2) For SDE use only
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