

SPECIAL EDUCATION VERIFICATION

SUPPLEMENTAL FORM

*This form applies ONLY to families with Special Needs Students
or with students attending Special Education Schools*

After completing the form take it to the school Principal or Administrator for review and signature.

Then include this form with your completed FACTS Grant & Aid supplements.

Parent/Guardian (from the FACTS Application):

Last Name

First Name

List the students who qualify as a **Special Needs Student(s)** who are listed on the FACTS application:

Student Name

School Name

School Code

1. _____

2. _____

3. _____

By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are Special Needs student(s) as defined by the PA Department of Education.

Signature of Principal/Administrator _____

Print Name: _____ Phone Number: _____

List the student(s) who will be attending a **Special Education School** (from the FACTS application):

Student Name

School Name

School Code

1. _____

2. _____

3. _____

By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are Special Needs student(s) as defined by the PA Department of Education.

Signature of Principal/Administrator _____

Print Name: _____ Phone Number: _____

This form **MUST** be completed and submitted with the FACTS Grant & Aid application if you are applying for a Special Needs Student or a student attending a Special Education School.