

**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.