



JOY HOFMEISTER

STATE SUPERINTENDENT *of* PUBLIC INSTRUCTION  
OKLAHOMA STATE DEPARTMENT *of* EDUCATION

County \_\_\_\_\_

District \_\_\_\_\_

This form verifies the total number of approved economically disadvantaged forms you have for students in your district that are not offered meal service.

\_\_\_\_\_ Number of approved forms

Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Regional Accreditation Officer signature \_\_\_\_\_