



JOY HOFMEISTER

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

County # _____ District # _____
County Name _____ District Name _____

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 _____