



OKLAHOMA STATE DEPARTMENT OF EDUCATION

District Name: _____

Summary of Applications for High-Cost Individual Child(ren)

	Child Name	Amount Requested		Child Name	Amount Requested
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
TOTAL REQUEST					
2015-2016 Total LEA Flow-Through (621)					
Percent of 2015-2016 LEA Flow-Through					
TOTAL ALLOWABLE COSTS (Above 10% of Flow-Through)					

Superintendent's Name

Original Signature Required

Date

Business Manager's Name

Original Signature Required

Date

Special Education Contact/Director's Name

Original Signature Required

Date