

**AUTHORIZATION TO PAY THE FY\_\_ ALLOCATION OF STATEWIDE  
ALTERNATIVE EDUCATION ACADEMY PROGRAM FUNDS TO THE LOCAL  
EDUCATION AGENCY (LEA) FOR THE COOPERATIVE**

Please complete the following information and fax to 405.522.0496.

District Name: \_\_\_\_\_ District Number: \_\_\_\_\_

County Name: \_\_\_\_\_ County Number: \_\_\_\_\_

Statewide Alternative Education Academy Grant Allocation: \_\_\_\_\_

**We authorize the Oklahoma State Department of Education (SDE) to pay our district's FY\_\_ Alternative Education Academy Allocation to the LEA listed below to provide Alternative Education Services for students in our district. We understand that this form does not constitute a contractual agreement for Alternative Education Services with the LEA. We understand that the SDE encourages us to develop a contractual agreement with the LEA that describes the details of the rights and responsibilities of each member of the Alternative Education Cooperative, including the amount above the allocation that each member of the cooperative should pay to the LEA for each student served.**

Superintendent's Name: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board President's Name: \_\_\_\_\_

Board President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE DISTRICT LISTED BELOW WILL RECEIVE OUR FY\_\_ ALTERNATIVE  
EDUCATION ACADEMY ALLOCATION AND WILL SERVE AS THE LEA FOR OUR  
DISTRICT'S ALTERNATIVE EDUCATION COOPERATIVE PROGRAM.**

LEA District Name: \_\_\_\_\_ LEA District Number: \_\_\_\_\_

LEA County Name: \_\_\_\_\_ LEA County Number: \_\_\_\_\_