

District Name:

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

|  | <b>Child Name</b> | <b>Amount Requested</b> |    | <b>Child Name</b> | <b>Amount Requested</b> |
|--|-------------------|-------------------------|----|-------------------|-------------------------|
| 1  |                   |                         | 21 |                   |                         |
| 2  |                   |                         | 22 |                   |                         |
| 3  |                   |                         | 23 |                   |                         |
| 4  |                   |                         | 24 |                   |                         |
| 5  |                   |                         | 25 |                   |                         |
| 6  |                   |                         | 26 |                   |                         |
| 7  |                   |                         | 27 |                   |                         |
| 8  |                   |                         | 28 |                   |                         |
| 9  |                   |                         | 29 |                   |                         |
| 10   |                   |                         | 30 |                   |                         |
| 11   |                   |                         | 31 |                   |                         |
| 12   |                   |                         | 32 |                   |                         |
| 13   |                   |                         | 33 |                   |                         |
| 14   |                   |                         | 34 |                   |                         |
| 15   |                   |                         | 35 |                   |                         |
| 16   |                   |                         | 36 |                   |                         |
| 17   |                   |                         | 37 |                   |                         |
| 18   |                   |                         | 38 |                   |                         |
| 19   |                   |                         | 39 |                   |                         |
| 20   |                   |                         | 40 |                   |                         |
| <b>TOTAL REQUEST</b>   |                   |                         |    |                   |                         |
| <b>Previous Year<br/>LEA Flow-Through (621)</b>              |                   |                         |    |                   |                         |
| <b>10 Percent of Previous Year<br/>LEA Flow-Through</b>      |                   |                         |    |                   |                         |
| <b>TOTAL ALLOWABLE COSTS<br/>(Above 10% of Flow-Through)</b> |                   |                         |    |                   |                         |

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