Community Eligibility Provision (CEP) – Site Declaration Form

Use this form to indicate the school(s) in the SFA that will participate in CEP. When participating as a site, the site will have its own claiming percentage. If participating as a group, indicate the group number and sites within that group. Each group will have a claiming percentage that will be used for all sites in that group.

Submit this form with the Enrollment List for each site/School as of anytime between April 1 and June 30 (in accordance with the current CEP Waiver Deadlines) and the direct certification documentation for all identified students so the State Agency may validate the Identified Student Percentage for each site wishing to begin CEP.

**SFA/Supervisory Union Name LEA Number**

|  |  |
| --- | --- |
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**Individual Sites**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site Number | Name of School/Site | Number of Identified Students anytime between April 1 and June 30, 2021(Directly Certified) | Total Enrollment of Students | Direct Certification Rate |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |

**Group Sites**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group Number, if applicable | Name of Group/Sites | Number of Identified Students anytime between April 1 and June 30, 2020(Directly Certified) | Total Enrollment of Students | Direct Certification Rate |
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Printed Name of SFA Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_