

Application Contact

Teacher Attestation

Office of Religious & Independent Schooßupport (ORISS

Funding Opportunities

The information provided below, and evidence reported throughout this reimbursement application is just and correct, in accordance with all applicable statutes, regulations, and guidelines.

I hereby attest that each teacher listed below provided teaching rvices:

- x t the listed Œeligious I } OnEdependentchool.
- x]n thegrant reimbursement subjectmatter.
- x so the grant inhursement grade leels.
- x shat are seculareutral, and non-idological.

School Name:

x using curricula that are guided by the New York State learning tandards.

12-Digit BEDS Code :						
Teacher(s) listed below DO NOT, in any capacity, provide-secrular instruction.						
	()		,	7 1	371	
Role	Last Name	First Nar	ne Grad	de Subject	Signature	Date
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Role		Last Name	First Name	Telephone	Signature	Date
Chief Administrator						