

SEDCAR - 2
APPROVED PRIVATE SCHOOL NOTICE OF DESIGNATED LOCAL EDUCATION AGENCY FOR
IDEA FUNDS

(To be used by Approved Private Schools for Students with Disabilities located in New York State)
2005-2006

This form is to be completed by approved private schools located in New York State that provide special education services to students with disabilities pursuant to Article 81 of the Education Law (not including Special Act School Districts). Please designate a local education agency (LEA) from whom to receive IDEA funds for students with disabilities provided special education services pursuant to Article 81 of the Education Law and send the completed form to the address in the letterhead and to the designated LEA, by March 3, 2005.

In order to receive a sub-allocation of IDEA funds for 2005-2006 for students with disabilities who are placed in your school by public school districts, you must also complete a SEDCAR-1 form and send it to each school district that placed students in your program as of December 1, 2004. The SEDCAR-1 form is due to each school district by March 3, 2005.

Instructions:	<ol style="list-style-type: none"> 1. The completed SEDCAR-2 form, with original signature, must be received by the State Education Department at the above address by March 3, 2005. 2. Submit a copy of this form to the LEA designated to receive the IDEA flow-through funds for students with disabilities provided special education services pursuant to Article 81. The amount of funds you will receive will be based upon formulas prescribed in IDEA, Sections 611 and 619. 3. Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required retention period ends June 30, 2011. 4. If you have any questions about this report, please call (518) 486-4678, or (518) 486-4734.
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Section 1-Approved Private School Program Information (Non-Special Act School District)														
(Enter 12-digit SED Code Below)														
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SCHOOL NAME														
ADDRESS (include building name, room number, or mail stop information)														
CITY	STATE	ZIP												

Section 2- Approved Private School Contact Person for Information	
NAME/TITLE	
TELEPHONE (include Area Code)	FAX

IMPORTANT NOTE: This form must be received by the State Education Department and by the designated LEA, by March 3, 2005, in order to receive IDEA flow-through sub-allocations for the 2005-2006 school year.

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Section 3 Designated Local Education Agency Information

(Enter 12-digit SED Code Below)

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LOCAL EDUCATION AGENCY NAME

ADDRESS (include building name, room number, or mail stop information)

CITY

STATE

ZIP

Section 4: Status of Designated Local Education Agency

Please check (✓) the appropriate cell to indicate the status of the LEA designated by the Approved Special Education Program in Section 3.

(✓)

1)	Continuation - The LEA designated for 2005-2006 was also designated for 2004-2005	<input type="checkbox"/>
2)	Revision - The LEA designated for 2005-2006 is different than the LEA designated for 2004-2005	<input type="checkbox"/>
3)	Initial - This is the first year in which an LEA has been designated by this approved special education program (ASEP)	<input type="checkbox"/>

Certification and Assurances

The local education agency (LEA) listed in Section 3 is designated by this ASEP to be allocated additional IDEA Section 611 and Section 619 flow-through funds by the State Education Department, based on the December 1, 1998 count of students provided educational services pursuant to Article 81 of the Education Law, as reported to SED in the PD-2 report, adjusted by a population and poverty factor, for appropriate sub-allocation to this ASEP. I understand that the LEA designated in Section 3 will receive such additional IDEA funds for the 2005-06 year, and will continue to receive IDEA allocations for subsequent years, to be sub-allocated to this school, unless a revised form is submitted to SED for the designation of another LEA for the 2006-07 school year.

Original Ink Signature

Date Signed

← **Chief Administrative Officer Must Sign and Date.**

Name of Chief Administrative Officer (Please Type or Print)