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|  **STUDENT DATA** |  |
|  **NOTE: This form must be completed by applicants under the Native American and Alaska Native Children in School Program (NAM).** |
|  **Name of the applicant:** |
|  **SECTION A** |
| **Name of the participant school (s).** | **Grade (s) to be served by the program.** | **Total number of students enrolled in the school.** | **Total number of Native American or Alaska native LEP students to be served by the program.** | **Total number of Native American or Alaska native students enrolled in the school.** |
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|  **SECTION B** |
| **Name of the Authorized Representative:** |
| **Signature:** |
| **Date:** |

OMB Number 1885-0551 Expires / /

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