



**Attachment F.2- CERTIFIED AND DENIED APPLICANT SAMPLING FORM
– NEWLY CERTIFIED**

OMB Approval No.: 0584-0530
Approval Expires:

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)
STUDENT SAMPLE CONTACT INFORMATION FORM FOR NEWLY APPROVED
FREE\REDUCED-PRICE SAMPLE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0530. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

SAMPLE RESULTS							
A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
1.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
		I. Application Number: _____	J. Certification Status: ____ Free ____ Reduced Price	K. Application/Certification Dates: Application Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
		I. Application Number: _____	J. Certification Status: ____ Free ____ Reduced Price	K. Application/Certification Dates: Application Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
		I. Application Number: _____	J. Certification Status: ____ Free ____ Reduced Price	K. Application/Certification Dates: Application Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
		I. Application Number: _____	J. Certification Status: ____ Free ____ Reduced Price	K. Application/Certification Dates: Application Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ __ / __ __ / __ __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SAMPLE RESULTS							
A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
			_____ Free _____ Reduced Price	Certification Date: __ / __ / __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price	K. Application/Certification Dates: Application Date: __ / __ / __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ / __ / __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	Area Code: () _____ _____
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price	K. Application/Certification Dates: Application Date: __ / __ / __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ / __ / __ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		L. Did student enroll in this school after the beginning of the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did student transfer from within the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	