



Non-Portal Application

Office of Religious & Independent School Support (ORIS)

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School Name	
School Address	
Affiliation Ž	
LEA District Name Ž	
School BEDS Code	
OSC Vendor ID Ž	
NYSED Institution ID	8000000

ages 1 - 5 only need to be completed once per BEDS Code.

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Teacher Attestation

Office of Religious & Independent School Support (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 services:

- t the listed ☒

Teacher Information

Teacher's Full Name:	
Maiden Name or Former Names	

*If the name on the application differs from diploma, certification, or any of the requests

I hereby certify that said teacher provides instruction in mathematics, science, or technology in any grades from three through 12, using curricula that are guided by the New York State learning standards, and is employed by the nonpublic school. I certify that the evidence reported is in accordance with all applicable statutes, regulations, and guidelines; that the school at which the services were performed is not a for-profit entity; and that the claim is just and correct. Teaching services provided are secular, neutral, and non-ideological. The teacher who is the subject of this application does not provide non-secular instruction in any capacity.

Signature of Chief Administrator