**CEP ANNUAL DECLARATION OF**

**CONTINUANCE / MODIFICATION / TERMINATION**

This form must be completed annually by all schools currently participating in Community

Eligibility Provision for the upcoming school year.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_ Number of Schools in System \_\_\_\_\_\_\_ Total Student Enrollment in System**

**\_\_\_\_\_\_\_\_ Number of Schools Participating in CEP**

 **\_\_\_\_\_\_\_ Total Student Enrollment in CEP Schools**

**Contact**

**Phone Email**

1. **First Year of CEP Implementation in school system \_\_\_**\_-**\_\_\_**

(Year you first implemented CEP in your district)

**2) Current 4 Year Cycle Implementation -\_\_\_\_\_\_**

 (If different from #1 above - Due to modifications from CEP implementation cycle)

**3) Indicate your plan for SY16-17 to (circle one) Continue / Modify / Terminate CEP**

**4) Current CEP Claiming Percentages Needed (FREE & PAID)**

* You must attach current CEP-Identified Student Percentage (ISP) Determination Worksheet, **including grand totals**.
* Please attach a copy of the most recent Participation Percentage Letter

**5) Is there a change for the upcoming school year? Yes No**

If yes, what changes are being made within your district (any changes being made to CEP must be listed here)?

 **Adding a School (attach Feasibility Worksheet or CEP Fed. Reimbursement Estimator)**

 **Removing a School**

 **Changing a Grouping**

 **Other Reason**

**\*\*\* Explain reason for the changes.**

**(CEP-ISP Determination Worksheet(s) reflecting all changes must be attached)**

Georgia Department of Education

Richard Woods, Georgia’s School Superintendent *“Educating Georgia’s Future”*April 2016 Page 1 of 1This institution is an equal opportunity provider.