

**ILLINOIS STATE BOARD OF EDUCATION**  
 Division of Funding and Disbursement Services  
 100 North First Street, E-320  
 Springfield, Illinois 62777-0001

**ORPHANAGE TUITION PROGRAM DESCRIPTION FOR 18-3 EXCESS COST CLAIM**  
**FOR 20\_\_ - 20\_\_ REGULAR SCHOOL TERM**  
**(Section 18-3, the School Code)**

NAME OF CONTACT PERSON	TELEPHONE (Include Area Code)
REGION, COUNTY, DISTRICT, TYPE CODE	NAME AND ADDRESS WHERE OFF-SITE PROGRAM IS LOCATED
DISTRICT NAME AND ADDRESS (Include Street, City, State and Zip Code)	<b>1.</b>

**Location** — Describe the standard regular education program provided during Regular Term. Include the following:

- |  |  |
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| <b>2.</b> Number of students served in program   |  |
| <b>3.</b> Total days of attendance for students served   |  |
| <b>4.</b> Total days program was in session (should equal final approved public school calendar) |  |
| <b>5.</b> Average daily attendance (line 3 divided by Line 4)                                    |  |
| <b>6.</b> Daily instruction time program offererd (e.g. 8:30 a.m. -3:00 p.m.)                    |  |

**STAFF INFORMATION**

<b>7.</b>	<b>NAME</b>	<b>CERTIFICATE NUMBER</b>	<b>ASSIGNMENT</b>

**8.** List standard curriculum offered and services that are different from those in the district's Regular Attendance Center.