

**Virginia Department of Education
Student Achievement Grant Certification
September 2003**

School Division: _____

Contact Person: _____ Title: _____

Telephone: (_____) _____ Fax: _____

E-mail: _____

Student Achievement Grant funds for Fiscal Year 2004 will be used for *one or more* of the following purposes (please check all that apply and enter the amount used for each purpose):

- Reducing class sizes in grades kindergarten through three \$ _____
- Increasing services in the Early Reading Intervention program \$ _____
- Serving at-risk four-year-old students including those served by Title I programs \$ _____
- Providing additional remediation to students who have failed or who are at risk of failing the Standards of Learning tests \$ _____
- Providing dropout prevention services \$ _____

Refer to the attached Excel spreadsheet to determine the amount available to each school division and the required local match if the total allocation is used.

State Funding Requested (FY 2003-2004): _____

Amount of Required Local Match: _____

Signature of Division Superintendent or Designee

Date

Please return this form by **September 29, 2003**, to: Dr. Linda Wallinger, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120; Fax: 804-371-7347; Phone: 804-225-2869; E-mail: lwalling@mail.vak12ed.edu

For DOE Use Only

Approved by: _____
Signature

Date