

CSMT's High School Incentive for APH Registered Students Submission Form

Please submit only one form per student.

District Name:

School Name:

Staff Name:

Staff Email:

Staff Phone Number:

By signing this form, I certify that the student represented by this has been registered in the American Printing House Federal Quota Program and, to the best of my knowledge, they have not received funds under this program or the previous version, the Ninth Grade Individualized Educational Plan Toolkit. I also certify that I have had a conversation with the student and their parent/guardian about this incentive program and have covered the information on the information page.

Date of Conversation
with Student:

Date of Conversation
with Parent/Guardian:

Staff Signature:

Date of Staff Signature:

Email this completed form to CSMT at csmt@cde.ca.gov