**NSLP CERTIFICATION FORM**

**(E-RATE FY 2024-25)**

Prepare on your Letterhead

**NAME OF SCHOOL:**

**City, State:**

**I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program (NSLP) OR Community Eligibility Provision (CEP) Program are included in the attached listing of the number of students eligible for free or reduced lunch, the number of economically disadvantaged students, OR the direct certification percentage.**

Signature Date

Printed name of authorized person Title\*

\*Must be signed by an “Acceptable School Official”:

Acceptable School Officials\* include: Superintendent, Assistant Superintendent, Principal, Vice Principal, Business Manager, Technology Director, Head Librarian, Head Master, President, Food Services Director (NSLP only), Dean, Chancellor, Chief Administrator, CFO/CEO/COO/CTO/CIO