

**PROPRIETARY SCHOOL ANNUAL REPORT FORM
July 1, 2008 Through June 30, 2009**

Institution Name	SEDCODE:
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THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If you have questions about either the institution name or SEDCODE listed ABOVE, please contact State Education Department Staff at heds@mail.nysed.gov or 518-474-5091.

- Institutions are expected to submit forms electronically using the Microsoft Access forms available from the ORIS web site at <http://www.highered.nysed.gov/oris/>. Electronic forms must first be downloaded in order to enter data and then returned by e-mail to heds@mail.nysed.gov.
- Return completed paper forms by:
 Mail:
 NYS Education Department
 Office of Research and Information Systems
 Room 966 Education Building Annex
 Albany, NY 12234
 Or Fax: 518-474-1907
- Do not make a duplicate paper submission of an electronic data submission.
- Retain a copy of the completed form in your files in case clarification is needed.
- If you anticipate a delay in returning this form, request an extension in writing by e-mail, fax or mail stating the reason for the delay and the anticipated submission date.
- If you have questions regarding completion of the form, please contact the Office of Research and Information Systems at:
 E-Mail: heds@mail.nysed.gov
 Fax: (518) 474-1907
 Phone: (518) 474-5091

IMPORTANT: FOR PAPER SUBMISSIONS PLEASE RETURN THIS COVER PAGE AND ALL PAGES EXCEPT INSTRUCTIONS EVEN IF THEY CONTAIN NO DATA.

DUE DATE: April 15, 2010

Form Processing Information

Form:	OEDS, PROPRIETARY SCHOOL ANNUAL REPORT FORM July 1, 2008 Through June 30, 2009
SEDCODE:	
Institution Name:	

Respondent Information

Name:			
Title:			
Telephone: ()	Ext.	Facsimile No.: ()	Ext.
E-Mail Address:			

Indicate **Time Required** to retrieve information from files and complete this form.

Hours spent by all staff (whole numbers)	
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Notes and Explanations regarding data provided and/or comments about this form and its Completion. Check here and continue comments on reverse side if necessary.

<p>PLEASE KEEP THIS PAGE AND THE COVER PAGE ATTACHED AND RETURN WITH THE FORM. RETURN ALL PAGES EXCLUDING INSTRUCTIONS</p>
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DUE DATE: April 15, 2010

PROPRIETARY SCHOOL ANNUAL REPORT FORM

SECTION 2: FINANCIAL ASSISTANCE				
<i>Submit one Section 2 for the sum of all curriculum enrollments July 1, 2008 through June 30, 2009.</i>				
School Name:			School SED Code:	
Federal / State Financial Assistance Program	Line #	Number of Students		
		Full-time (A)	Part-time (B)	Total (C)
TAP (Tuition Assistance Program)	19			
GSL (Guaranteed Student Loan)	20			
PELL (Basic Education Opportunity Grant)	21			
SEOG (Special Education Opportunity Grant)	22			
VESID (Vocational & Educational Services For Individuals w/Disabilities)	23			
JTPA (Job training Partnership Act)	24			
Other Federal / State Subsidies	25			
UNDUPLICATED COUNT* of Students Receiving Financial Assistance	26			
<p>* No matter how many different types of financial assistance an individual student received, that student should only be counted once on Line 26.</p>				

