NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE SED-1
PROGRAM AND
ENROLLMENT DATA

Page _____

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: _ _ _ _ _ _ _ _ _ _ _ _

Line No.	COLUMN NUMBER										
	PROGRAM NAME										
	PROGRAM CODE (PROGRAM CODE INDEX)		( )		( )		( )		( )		( )
	ENROLLMENT (FTE) BY FUNDING SOURCE	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR
100	Non-disabled-UPK										
101	Non-disabled-Other										
102	Sec.4402 (Art.89) Sch. Dist. Placement										
103	Department of Health Chapter 428										
104	Sec.4408 (Art.89) Sch. Dist. Placement										
105	Sec.4410 (3-4 yr.olds) Sch. Dist. Placement										
106	Local Social Services District										
107	Other										
108	Total by Funding Source (Sum Lines 102-107)										
109	Number of Days in Session										
110	Care Days (Line 108 times Line 109)										
201	Approved Classroom Ratio										
202	Number of Classrooms										
203	Student FTE										
301	Approved Classroom Ratio										
302	Number of Classrooms										
303	Student FTE										
401	Approved Classroom Ratio										
402	Number of Classrooms										
403	Student FTE										
501	Approved Classroom Ratio										
502	Number of Classrooms										
503	Student FTE										
601	Approved Classroom Ratio										
602	Number of Classrooms										
603	Student FTE										
701	Approved Classroom Ratio										
702	Number of Classrooms										
703	Student FTE										
801	Approved Classroom Ratio										
802	Number of Classrooms										
803	Student FTE										
901	Approved Classroom Ratio										
902	Number of Classrooms										
903	Student FTE										
999	Total Student FTE										

Note: Line 108 must reconcile to line 999.