



(03/17/11)

NOTE: Use this form ONLY if you use more than two (2) curriculums. If less than two (2), please use the VPK 11A.

Provider Name:

Provider Address:

Federal ID Number:

CURRICULUM NAME	PUBLISHER

My signature below indicates that I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the Coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the Coalition approves of the changes

 Signature of Owner/Director/Operator/Principal/School District Staff

 Date

 Print Name of Owner/Director/Operator/Principal/School District Staff

OFFICIAL USE ONLY

 Process Agent

 Date

 Process Manager

 Date