

Michigan Department of Education
OFFICE OF FIELD SERVICES
P.O. Box 30008
Lansing, Michigan 48909

AUTHORITY: State School Aid Act,
Section 41,
as amended.

COMPLETION: Voluntary

*Direct questions regarding this form
to Office of Field Services
at (517) 373-3921.*

2009-2010 SECTION 41 BILINGUAL EDUCATION PROGRAM

APPLICANT	Name of District/Public School Academy		District Code
	Address		
	City	State	Zip Code
	County	Telephone Number	Fax Number

CONTACT PERSON	Name of Contact Person		
	Email Address	Telephone Number	Fax Number

**Section 41 –Bilingual Education Program Application
 Delivery Systems For Special Populations
 FY 2009–2010**

Agency _____ District Code _____

Program Services	Section 41
Instructional Programs/Services Subject Areas:	
• English language arts	
• English for LEP students	
• Social Studies	
• Mathematics	
• Science	
• Vocational/Career Technical	
• Enrichment	
• Other _____	
Delivery Options:	
• In Class	
• Pull-out	
• Extended Day	
• Extended School Year	
• Summer	
• Other _____	
Pupil Support Services	
• Counseling	
• Social Work Services	
• Mentoring/Coaching	
• Medical Services	
• Dental Services	
• Transportation	
• Parent Outreach/Involvement	
• Other _____	

