

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2007 to December 31, 2007*

**SCHEDULE SED-1**  
**PROGRAM AND**  
**ENROLLMENT DATA**

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								
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	Total Student FTE (sum lines 203,303,403,503)										

Note: Line 108 must reconcile to line 601.