# Part IB: Recipient School Information

**\*\* Upload the completed Part IB: Recipient School Information Form within the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)**.\*\***

Complete information for each recipient school. List all schools and school codes included in this grant. Example: "Alphabet Elementary School – 2923 – No.” [School Codes can be found on CDE’s website](https://cedar.cde.state.co.us/edulibdir/School%20Building%20Codes-en-us.xlsx).

Please add as many additional rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recipient School Information** | | | | | |
| **School Name:** |  | **School Code:** |  | **Charter School:** | Yes  No |
| **School Name:** |  | **School Code:** |  | **Charter School:** | Yes  No |
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