CDE LogoUpload File Specification

School Nutrition Unit

Upload File Layout Requirements

Direct Certification – Uploading Student Enrollment Data

Once you have obtained a file of ***all*** students enrolled in the district, the file must be formatted to follow the record layout below. Your file must follow the requirements below exactly and then be converted to a .txt file, or the upload will not work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column in Excel** | **Information needed for this field** | **DESCRIPTION** | **FIELD POSITION** | **FIELD WIDTH\*** |
| A | DISTNUM | 4-Digit District Code **(required)** | 1-4 | 4 |
| B | STUDENT-ID | Student ID Number as Assigned by the District **(optional; column must be included and left blank if information is missing)** | 5-14 | 10 |
| C | STUDENT-SSN | Student Social Security Number **(optional; column must be included and left blank if information is missing)** | 15-23 | 9 |
| D | LAST-NAME | Student Last Name **(required)** | 24-53 | 30 |
| E | FIRST-NAME | Student First Name **(required)** | 54-83 | 30 |
| F | BIRTH-DATE | Student Date of Birth **(required in format of, MMDDYYYY)** | 84-91 | 8 |
| G | CASE NUMBER | SNAP Case Number **(column must be included and left blank)** | 92-100 | 9 |
| H | STREET-NUMBER | Student House Number **(optional; column must be included and left blank if you are including in Column I)** | 101-106 | 6 |
| I | ADDRESS-1 | Student Street Name or Address **(required, and can contain house number)** | 107-136 | 30 |
| J | ADDRESS-2 | Student Second Address Line **(optional; column must be included and left blank if information is missing)** | 137-166 | 30 |
| K | APTNUM | Student Apartment or Trailer Number **(optional; column must be included and left blank if information is missing)** | 167-172 | 6 |
| L | CITY | Student City **(required)** | 173-192 | 20 |
| M | ZIPCODE | Student 5 digit zip code **(required)** | 193-201 | 9 |
| N | MATCH-TYPE | Type of Match Made **(column must be included and left blank)** | 202-202 | 1 |
| O | SCHOOL | Four letter school code **(optional; column must be included and left blank if information is missing)** | 203-210 | 8 |
| P | GENDER | Student gender: F or M **(required in format of, F or M only)** | 211-211 | 1 |

**Once the file is formatted according to the layout above, it must be converted into a .txt file (text file using Note Pad or Text Edit for mac users) by following the conversion formula instructions (**<https://www.cde.state.co.us/nutrition/dcconversionformula>)**.**

Contact [Free&ReducedPriceSchoolMeals@cde.state.co.us](mailto:free&reducedpriceschoolmeals@cde.state.co.us) with questions.

**This institution is an equal opportunity provider.**