

This form must be used by the district to obtain information from private/nonpublic schools. Private/nonpublic schools must return this form to the local district.

2017-18 Opportunity to Participate in Federally Funded Programs by Private/Nonpublic Schools

Return form to Local School District

OPI USE

LE: _____
CO: _____

This section to be completed by LOCAL district.

Due date for return to public school district _____

Check one:

- Elem
 HS
 K-12

Name of PUBLIC SCHOOL DISTRICT within which the private/nonpublic school is located.

This section to be completed by official representing the PRIVATE/NONPUBLIC school

Name of PRIVATE/NONPUBLIC SCHOOL _____

- Private School
 Home School

OPI USE

LE _____
CO _____

Address _____

City/State/ZIP _____

Telephone Number _____

For the federal programs for which this district receives funding, or may receive funding, please check each federal program in which this private/nonpublic school wishes to participate in school year 2017-18. Some of the listed programs are competitive or may have limits on eligible districts/students.

	Yes	No		Yes	No
ESEA Title I, Part A—Improving the Academic Achievement of the Disadvantaged (T I A)	_____	_____	Carl Perkins Vocational Education (Vo Ed)	_____	_____
ESEA Title I, Part C— Migrant Education Program (T I C)	_____	_____			
ESEA Title II, Part A—Preparing, Training and Recruiting High Quality Teachers and Principals (T II A)	_____	_____			
ESEA Title III, Part A—Language Instruction for English Learners and Immigrant Students (T III A)	_____	_____			
ESEA Title IV, Part B—21st Century Community Learning Centers (T IV B)	_____	_____			
School Nutrition Programs (SF)*	_____	_____	*(Private/nonpublic nonprofit schools must apply to OPI for a program.)		
Special Education IDEA, Part B (SE B)	_____	_____			
Special Education (IDEA) Preschool (child must be age 5) (SE P)	_____	_____			

All Private/Nonpublic School Officials, please check the appropriate boxes below:

1. This private/nonpublic school does not wish to participate in any of the above listed programs.
2. This private/nonpublic school wishes to participate in the programs checked above. I assure the above public school district that this school will comply with provisions of each federal program in which it participates.
3. This nonpublic school has a student(s) who has been identified by the public school as a student with disabilities under the Individuals with Disabilities Education Act (IDEA). Yes No
This private/nonpublic school received the required consultation in a meaningful and timely manner with regard to special education and related services.
Yes No
4. This private/nonpublic school received the initial required consultation in a meaningful and timely manner with regard to services from Title I, Part A, if the district receives those funds. Yes No

Responsible Private/Nonpublic School Official (Must be signed by private/Nonpublic School Official)

Printed or Typed Name

Signature

Title

Date