**PRIVATE NONPROFIT SCHOOL INTENT TO PARTICIPATE FORM**

**2017-2018 School Year Enrollment Data**

**(To be used for 2018-2019 allocations)**

**Section A – Intent to Participate**

**Title I, Part A – Improving Basic Programs**

Do YouIntend to Participate? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

(If you have checked “yes” to participating in the Title I, Part A, program, you will be required to provide specific student eligibility data. Please complete Appendix A)

**Title I, Part C – Education of Migratory Children**

Do YouIntend to Participate? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Number of eligible students enrolled in 2017-2018 residing in school division \_\_\_\_\_\_\_\_\_\_\_

**Title II, Part A – Supporting Effective Instruction**

Do You Intend to Participate? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Number of K-12 private school students enrolled in 2017-2018 \_\_\_\_\_\_\_\_\_\_

**Title III, Part A – Language Instruction for English Learners and Immigrant Students**

Do You Intend to Participate? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Number of eligible students in 2017-2018 residing in school division \_\_\_\_\_\_\_\_\_\_

**Title IV, Part A – Student Support and Academic Enrichment Grants**

Do You Intend to Participate? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Number of K-12 students enrolled in 2017-2018 residing in school division \_\_\_\_\_\_\_\_\_\_

**Title IV, Part B – 21st Century Community Learning Centers (CCLC)**

Do You Intend to Participate? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Number of K-12 students enrolled in 2017-2018 residing in eligible schools \_\_\_\_\_\_\_\_\_\_

**Section B – Program Compliance**

This private school is in compliance with all applicable federal laws. Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

This school qualifies for Nonprofit status. Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

**Section C - Certification**

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Contact Person’s Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_