**2019-2020 PRIVATE School Title IV, PART A, Equitable Services**

* **Complete this form for each participating private school located in the LEA.**
* **This form must be completed by the public school official in consultation with private school officials.**
* **The private school administrator is required to certify this form and should add comments, if any, in item #3.**

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| **TITLE IV, PART A – GENERAL INFORMATION** | | | | |
| **#1. Private School Information** | | | | |
| **Private School Name** | Click here to enter text. | **Contact Person** | | Click here to enter text. |
| **Street Address** | Click here to enter text. | **Contact Telephone** | | Click here to enter text. |
| **City/Town, Zip Code** | Click here to enter text. | **Contact Email** | | Click here to enter text. |
|  |  | **LEA** | | Click here to enter text. |
| **#2. Equitable Services: Title IV, Part A** | | | | |
| ***Title IV, Part A***  *Student Support & Academic Enrichment Grant*  *(Insert amount from private schools in e-GAP.)* | | | | |
| **Private School Equitable Services** | | | | |
| A1: Total Title IV, Part A Allocation | | | Click here to enter text. | |
| A2: LEA Enrollment | | | Click here to enter text. | |
| A3: Participating Private Schools Enrollment | | | Click here to enter text. | |
| A4: Total Enrollment (A2+A3) | | | Click here to enter text. | |
| A5: Per Pupil Amount (A1 divided by A4) | | | Click here to enter text. | |

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| **#3. Comments from Private School Officials regarding the collaboration process. (If none, please type none in the space provided.)** |
| Click here to enter text. |

**Title IV, Part A, Agreement of Services**

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| **YES** | This affirmation confirms timely and meaningful consultation did occur for the program design and is equitable with respect to eligible private school children. |
| **NO** | Timely and meaningful consultation has **not** occurred and/or the program design is **not equitable** with respect to eligible private school children. |

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**School System Representative / Date Private School Representative / Date**