**SAMPLE LETTER TO BE SENT TO PRIVATE SCHOOLS LOCATED OUTSIDE THE PUBLIC SCHOOL DISTRICT’S BOUNDARIES**

# [Date, usually spring of the year]

## Administrator

Private Nonprofit School

School Address

School City, State Zip

Dear [Administrator]:

Although your school is outside of our district boundaries, resident children from our school district enrolled at your school may be eligible for academic services through the Title I, Part A program. Therefore, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District invites you to participate in the following Federal program during the 20\_\_\_\_-20\_\_\_\_ school year:

* Title I, Part A, Improving Basic Programs: to provide supplementary instruction to students who are failing or most at-risk of failing to meet your school’s core academic standards.

The level of services available to your school under the Title I, Part A program is based upon your documentation of student eligibility.

We encourage you to participate in the planning of this Federal program for the benefit of your students and staff. Please complete the attached form indicating your school’s interest in participating in this Federal Program during the 20\_\_\_\_-20\_\_\_\_ school year. Upon receipt of this form, I will contact you to set up a planning meeting and discuss the purposes of the program and the policies that guide program implementation.

Sincerely,

Director of Federal Programs

Name of Private Nonprofit School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Yes, our school plans to participate in the Federally-funded program services
during 20\_\_\_\_-20\_\_\_\_ school year.

\_\_\_\_ No, our school does not wish to participate at this time.

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

Please return this completed form no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to:

Director of Federal Programs

Community Public Schools

123 Learning Avenue

Schooltime, Oregon 97133