Title I Nonpublic Assurance Form
Public School County - LEA Code __ - __ - __ - 14

Please complete this form annually and retain with the district’s other nonpublic documentation for review during the New Jersey Department of Education’s monitoring and auditing process.

1. Based on the District’s Transportation Summary, how many resident children are transported to nonpublic schools both within and outside the district? __________

2. Based on the District Transportation Summary, how many resident children receive aid in lieu of transportation? __________

3. How many resident children not counted above attend nonpublic schools?
   Other transportation ________  Walk ________  Are home schooled __________

4. How many nonpublic schools do resident children attend? __________

5. Letters were sent to all nonpublic schools where resident children attend: Yes ☐  No ☐
   If “no,” what was the reason that all nonpublic schools with resident children did not receive letters from the district?
   __________________________________________________________
   __________________________________________________________

6. Responses were received from the following number of nonpublic schools: __________

7. The number of nonpublic schools that refused Title I services: __________

8. How many of the district children who attend nonpublic schools reside in district school attendance areas served with Title I funds? __________

9. How many meet the low-income criteria? __________

10. The number of nonpublic schools that participated in consultations: __________

11. The number of resident nonpublic students who will receive Title I services: __________

   Our district made a good faith effort to locate and count resident children who attend nonpublic schools using the methods described in the NJDOE policy letter “Equitable Participation of Nonpublic Students for Title I” posted at:


________________________________________________________
Signature of CSA or Title I Director

________________________________________________________
Name of Public School District (Please Print)

__________________________
Date