



East Moline District #37

3555 19th Street, East Moline, IL 61244

Phone: 309-792-2887

www.emsd37.org

Principal
Non-Public School Name
Street Address
City, State Zip Code

Dear Principal,

The No Child Left Behind Act requires the equitable participation of private school students and teachers in a number of federal education programs. Pursuant to that requirement, *we request a meeting with you to discuss your participation in Federal Title programs.* Your students may be eligible for federal education services under Title I, Part A or any of several other federal programs listed below. Services can range from funds for software purchases to professional development for staff to participation in the extended-year summer school program.

TITLE OF PROGRAM	PROGRAM NAME
Title I, Part A	Improving Basic Programs Operated by Local Educational Agencies
Title II, Part A	Teacher and Principal Training and Recruitment Fund
Title II, Part D	Enhancing Education through Technology
Title III, Part A	Language Acquisition, Language Enhancement, and Academic Achievement Act (Targets students who are English Language Learners)
Title IV, Part A	Safe and Drug-Free Schools and Communities (including set-aside funding for the Governor)

If you are interested in learning more about the Title programs that your eligible students and/or teachers could receive in the coming year, please return the enclosed form no later the (Insert Date). You can return the form by FAX to (Insert Fax Number) or mail to the address above. Upon receipt of the form, we will contact you to set up a consultation meeting.

We hope that you will choose to learn about Title services for you students, teachers, and families. In the meantime, if you have any questions, please contact me at (Insert Telephone Number) or e-mail at (Insert Email Address). I look forward to meeting you soon.

Sincerely,

Superintendent
School District

Private School Officials Interested in Their Students Participating in Title Programs

Name of Private School _____

Name of Private School Official _____

Private School Contact (if other than above) _____

E-mail of Contact _____

Phone number of Contact _____ FAX _____

Please check the appropriate response.

Title I

_____ **Yes**, I am interested in my students, teachers, and families participating in Title I programs for the 2009-2010 school year.

_____ **No**, I am NOT interested in my students, teachers, and families participating in Title I programs for the 2009-2010 school year.

Title II

_____ **Yes**, I am interested in my students, teachers, and families participating in Title II programs for the 2009-2010 school year.

_____ **No**, I am NOT interested in my students, teachers, and families participating in Title II programs for the 2009-2010 school year.

Title III

_____ **Yes**, I am interested in my students, teachers, and families participating in Title III programs for the 2009-2010 school year.

_____ **No**, I am NOT interested in my students, teachers, and families participating in Title III programs for the 2009-2010 school year.

Title IV

_____ **Yes**, I am interested in my students, teachers, and families participating in Title IV programs for the 2009-2010 school year.

_____ **No**, I am NOT interested in my students, teachers, and families participating in Title IV programs for the 2009-2010 school year.

Please return this form by (Insert Date) to:

Superintendent

Street Address

City, State Zip Code

E-Mail: (Insert Email Address) Phone: (Insert Telephone #)

FAX: (Insert Fax #)