Independent School Information

**Independent School Name:**

**Address: City: State: Zip Code:**

**Total enrollment as of [date]:**

**Independent School Administrator:**

**Contact information:**

**Email:**

**Phone:**

If your school is interested in participating in equitable services for Title programs under the Every Student Succeeds Act during the [date] school year, please complete and return this form no later than [date].

This form can be returned via email to [Name of public-school contact and email address]

**Check any of the items below that apply:**

We would like to participate in Title I, Part A for school year [date]

We do not wish to participate in Title I, Part A for school year [date]

**Independent School administrator signature:**

**Date signed:**

Federal Title Program Description

[Title I, Part A](https://education.vermont.gov/student-support/federal-programs/consolidated-federal-programs/title-i-part-improving-academic) provides supplementary instruction by public school staff or through a third-party contractor to students who are academically disadvantaged and failing or most at risk of failing to meet high academic standards and who live in participating public school attendance areas. Title I, Part A funds are driven to the Independent School based on the [low economic status](https://education.vermont.gov/documents/edu-nutrition-2023-household-income-form) of students whose home address is within a participating public school attendance area.

\*Please note: Independent Schools have a responsibility to follow through with reporting requests from the LEA.