

SCHOOL BOARD OF ST. LUCIE COUNTY
FEDERAL AND SPECIAL PROGRAMS

NONPUBLIC SCHOOL INTENT TO PARTICIPATE
IN SELECTED FEDERAL PROGRAMS FORM

I. GENERAL INFORMATION

School Name _____ School Telephone () _____

Mailing Address (Number and Street) _____

City _____ Zip _____

A. This school is interested in participating in the federal programs listed below:

B. If your school is interested in participating, please complete Section II.

If your school is not interested in participating, please sign below and return to the Executive Director of Federal and Special Programs.

Name of Respondent Signature

Position Date

II. ELIGIBILITY

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. This is a nonprofit school (only nonprofit schools may participate). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This school operates a school program with pupils present for at least 180 days each school year. (A school day is that portion of the day in which school is actually in session and comprises not less than 5 net hours excluding intermissions for all grades above the third; not less than 4 net hours for the first three grades; and not less than 3 net hours in kindergarten, or the equivalent as calculated on a weekly basis. | <input type="checkbox"/> | <input type="checkbox"/> |

OR

The school operates a school program with pupils present a minimum of 170 actual school days and the hourly equivalent of 180 days, as indicated below:

- a. Kindergarten: 540 net instructional hours
- b. Grades 1-3: 720 net instructional hours
- c. Grades 4-12: 900 net instructional hours

- | | | |
|---|--------------------------|--------------------------|
| 3a. This school has applied for a Civil Rights Compliance determination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. This school has received a compliance determination from the U.S. Office for Civil Rights, or this school has been certified as being in compliance by the local school district. | <input type="checkbox"/> | <input type="checkbox"/> |

After completing Section II, please sign below and return to the Executive Director of Federal and Special Programs.

Name of Respondent Signature

Position Date