[Insert Date]

[Insert Private School Official’s Name]

[Insert Private School Name]

[Insert Street Address]

[Insert City, State, Zip Code]

RE: 2024-25 Equitable Services for Participating Private Schools

Dear [Insert Private School Official’s Name]:

The Every Student Succeeds Act (ESSA) provides services to public and private school children, teachers, and parents. As a private school located *within* our district’s geographic catchment area, your students, teachers, and parents may be eligible for federal education services under one or more ESSA program.

Please review the description of each ESSA program outlined in Section 1 of the attached “***LEA Affirmation of Private School Consultation 2024-25”*** form. If you are interested in participating in one or more of the ESSA-funded programs during the 2024-25 school year, please complete and return pages 2 and 3 of the form no later than [insert date]. You may return the form by fax to [insert fax number], by email to [insert email address], or by mail.

If your private school elects to participate in one or more of the ESSA programs, we will work together to complete Section 2, Section 3, Section 4, and Section 5 of this form. When I receive your form, I will contact you about our first consultation meeting, which is planned for [insert date].

If you are not interested in participating in any of the ESSA programs, please indicate that on the enclosed form and return a signed copy by fax, email or by mail so that your materials can be submitted to the New York State Education Department as part of our 2024-25 Consolidated Application of ESSA-Funded Programs.

If you have questions, please contact me at [insert phone number and e-mail address]. I look forward to hearing from you soon.

Sincerely,

[Signature]

[Title]

Enclosure