

Name of Your Private School

Address
City, State and ZIP

Date 2010

Division Director
Division of Educational Improvement and Assistance
P.O. Box 94064
Baton Rouge, LA 70804-9064

Dear Dr. Bobbett:

In accordance with LA R.S. 17:236 and LA R.S. 17:232 (C)(D), **Your School's Name** began classes on **Date you Began Classes 2010**, for the 2010-2011 school year for a school term of 180 days. Our total enrollment is ____.

Very truly yours,

Signature

Printed Name of Head of Household

Principal

(SEND ONE COPY CERTIFIED MAIL/RETURN RECEIPT REQUESTED.)