***Name of Your Private School***

Address

City, State and ZIP

**Date**

Registered Nonpublic Schools

Office of Portfolio

Louisiana Department of Education

P.O. Box 94064

Baton Rouge, LA 70804

To whom it may concern:

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,** for the 2013-2014 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 WITH DELIVERY CONFIRMATION.
SAVE SECOND COPY FOR YOUR RECORDS.***