

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.**