

PRIVATE NONPROFIT SCHOOLS 2020-2021 EQUITABLE SERVICES PARTICIPATION FORM – CARES Act

School: _____ Principal: _____

To participate in the CARES Act for Equitable Services with Houston ISD for the 2020–2021 school year, complete this form and email it per instructions below. Data requested is based on the 2019-2020 school year.

1. Enter the number of STUDENTS currently enrolled in each grade level as of **Friday, October 25, 2019**.

ELEMENTARY						SECONDARY						
K	1	2	3	4	5	6	7	8	9	10	11	12

2. Enter the **TOTAL** number of STUDENTS --- elementary and secondary.
3. Enter the **TOTAL** number of TEACHERS AND ADMINISTRATORS (e.g., principal, assistant principal, director, dean) at the school.
4. Enter the **TOTAL** number of FACULTY and STAFF at the school (i.e., counselor, nurse, custodian, cafeteria worker, instructional paraprofessional, secretary, clerk).

☐ Check this box to certify that you are the Principal or Grant Contact Person.
By typing your name above, you are providing an acceptable electronic signature.

Return the completed form **no later than Thursday, June 11, 2020**, via **email** to **Carla Lewis** at cholmes2@houstonisd.org.

HISD External Funding Department | 4400 W. 18th Street | Houston, Texas 77092