PEARLAND INDEPENDENT SCHOOL DISTRICT
1928 N. Main Street
Pearland, TX
281-485-3203

Private/Non-Profit School Consultation Meeting Packet 2026-2027

1. **Title I Participation Letter from Pearland ISD**
2. **Title I Eligibility Report for Students Qualifying as Low Income (Form #1)**
3. **Title I Private School Intent to Participate (Form #2) (Required)**
4. **Title II, III, & IV Private School Participation (Form #2a) (Required)**
5. **Title I Residency and Income Documentation (Form #3)**
6. **Private Schools Resource List**
7. **District Child-Find Information**
8. **PNP Procedure and Complaint Form**

PEARLAND INDEPENDENT SCHOOL DISTRICT
1928 N. Main Street
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March 30, 2026

Dear Private School Principal/Director,

Pearland ISD will participate in Title I, a federally funded project, for the 2026-2027 school year. Title I funds are allocated during the following school year based on students who are currently identified as low income, that is child would be receiving free or reduced priced lunches if enrolled in a public school.

If you have a student (or students) who currently qualifies as low income based upon federal guidelines for the free/reduced lunch program, and you wish to participate in the Title I program, please complete Forms 1, 2, and 3. The completed "Eligibility Report (Form #1)", and the "Intent to Participate in Title I (Form #2)" must be returned via email to Donna Tate, tated@pearlandisd.org, by 4:00 p.m. May 15, 2026. Please remember that students listed on the "Eligibility Report" (Form #1) must CURRENTLY qualify for free/reduced lunch based upon federal guidelines, and you must have written documentation proving this eligibility for each student listed. (Form #3 is to be maintained by the private school for audit purposes, review by the district, and for documentation of residency and income.)

The number of low-income students your campus currently has enrolled whose home address is zoned to a Pearland ISD school receiving Title I services will determine the amount of federal funding allocated to your campus for the next school year. Your campus is responsible for providing proof of and maintaining auditable documentation for each student's free/reduced lunch qualifications using the "Residency and Income Document (Form #3)." (The "Eligibility Report" is used for listing students currently qualifying as low income. It is not used for listing students with low achievement. Your list of students with low achievement will be requested in the fall.)

The “Eligibility Report” and the “Intent to Participate in Federal Programs” forms must be accurately completed and returned by **4:00 p.m.**, **May 15, 2026.** Once these forms are submitted, the district will provide a secure link to upload the "Residency and Income Document (Form #3)" and its supporting documentation.

It will be assumed your school has chosen not to participate in the Title I program if the requested forms are not accurately completed and returned by **4:00 PM, May 15, 2026**. This will mean Title I funds may not be available to your school for the 2026-2027 school year unless you contact me and request and amendment be made on your behalf to the Texas Education Agency. If you choose to participate and qualify, the “Private School Participation in Federal Funding” form and the enclosed required documents **must** be maintained in **your** office for review and for audit purposes in the fall.

If there are any questions, please call Donna Tate at 281-485-3203, or by email, tated@pearlandisd.org.

Sincerely,

Donna Tate
Administrator of Federal Programs and Grants
281-485-3203
Attachments: "Eligibility Report for Students Qualifying as Low Income" (Form #1)
“Private School Participation in Title I” (Form #2)
“Residency and Income Document” (Form #3)

PEARLAND INDEPENDENT SCHOOL DISTRICT

ELIGIBILITY REPORT FOR STUDENTS *CURRENTLY* QUALIFYING AS LOW INCOME (Form #1)

As of May 15, 2026

(The Texas Education Agency requires documentation that each student listed below qualifies for free/reduced priced lunches based upon federal guidelines.)

Date _____

Private School Name _____ **Or** Home School Parent's Name _____

IRS # for non-profit _____ E-mail _____

School Address _____ Telephone _____Fax _____

Public School District: **PEARLAND ISD (Students listed must reside within geographical boundaries of district and qualify for free/reduced lunch.)**

Student's Name	*Student Ethnicity (see below)	Gender M/F	Grade	Home Campus (Current Year PK students do not qualify)	Home Address (Students must reside w/in district boundaries)	City and Zip	Home Phone	DISTRICT USE: Academic Need Verified "X"	DISTRICT USE: Low Income & Residency Verified √

***TEA /PEIMS Ethnic Codes**: 01 = American Indian; 02 = Asian; 03 = Black; 04 = Hispanic; 05 = White

You may use more than one form per district. Duplicate as needed. Please list only district students on each district's form.
Please return completed form(s) to the district in which the student(s) resides. **This form is due by May 15, 2026.**

Assurance Statement: I, _____ (Supt. or Principal), assure the district named above that our campus has verified the students listed are legal residents of said public school district. I also assure the district named above that the appropriate federal documentation proving each student's CURRENT qualification for free/reduced priced lunches is on file or has been submitted to the local district. I understand it is my responsibility to maintain this documentation, and I am aware it is auditable. I further understand the lack of documentation for appropriate federal requirements can jeopardize our federal funding. I also understand that next year's Title allocations are based upon this year's free/reduced student enrollment.

BUILD PEARLAND Proud.

PEARLAND INDEPENDENT SCHOOL DISTRICT

PRIVATE SCHOOL INTENT TO PARTICIPATE IN TITLE IA (Form #2)
2026-2027

Attach the Eligibility Report to this Intent to Participate document and return to Pearland ISD by May 15, 2026.

Contact Name:_____

Contact Telephone:_____**e-mail:**_____**Fax:**_____

School Name and Address: _____

_____

_____

School Grade Span: _____**to** _____ **Number of Students Enrolled in each of the following:**

PreK3:_____ **PreK4:**_____ **K - 5th:**_____ **6th – 8th:**_____ **9th – 12th:**_____

_____**We will participate in Title I A– Improving regular programs (Participants must provide information on students qualifying to participate in the Free and Reduced Lunch program private & private non-profit eligible, as well as academic need.)**

A school wishing to participate in the program may show that it is a nonprofit organization by any of the following means:

1. **Proof that the Internal Revenue Service currently recognizes the applicant as an organization to which contributions are tax deductible under Section 501© (3) of the Internal Revenue Code;**
2. **A statement from a State taxing body or the State attorney general certifying that the organization is a nonprofit organization operating within the State; and no part of its net earnings may lawfully benefit any private shareholder or individual;**
3. **A certified copy of the applicant's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the applicant.**

WE CHOOSE NOT TO PARTICIPATE ☐

_____ _____

Signature **Date**

_____

Title

THIS SIGNED DOCUMENT MUST BE COMPLETED AND RETURNED TO PEARLAND ISD BY May 15, 2026.

DT 03/26/2026

PEARLAND INDEPENDENT SCHOOL DISTRICT
1928 N. Main Street
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281-485-3203

2026-2027 PRIVATE SCHOOL INTENT TO PARTICIPATE IN TITLE II, III, &/or IV

FOR PRIVATE SCHOOLS WITHIN PEARLAND ISD BOUNDARIES (Form #2a)

This form must be returned to PEARLAND ISD by May 15, 2026.

SCHOOL NAME:

ADDRESS:

TELEPHONE: **EMAIL:**

CONTACT NAME:

SCHOOL INFORMATION

School Grade Span: **Age or Grade:** **to** **Age or Grade:**

Number of Students Ages 5-17 Enrolled: **As of (Enrollment Date):**

Number of Students Enrolled in each of the following:

PreK3: **PreK4:** **K-5th:** **6th-8th:** **9th-12th:**

For Title III: Number of Students whose home language is other than English:

PreK3: **PreK4:** **K-5th:** **6th-8th:** **9th-12th:**

Check the appropriate box below to indicate Title II, III, &/or IV Participation for the 2025-2026 School Year. **Boxes left blank will indicate non-participation.**

	WE WILL PARTICIPATE in:
	Title II—Teacher and Principal Training and Recruitment Fund (only for Private/Non-Profits). Number of Teachers:
	Title III—English Language Acquisition (ELA). Number of Eligible Students:
	Title IV—Student Support and Academic Enrichment

NOTE: A school wishing to participate in the program may show that it is a nonprofit organization by any of the following means:

1. Proof that the Internal Revenue Service currently recognizes the applicant as an organization to which contributions are tax deductible under Section 501© (3) of the Internal Revenue Code;
2. A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State; and no part of its net earnings may lawfully benefit any private shareholder or individual;
3. A certified copy of the applicant's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the applicant.

Signature **Title/Role** **Date**

THIS SIGNED DOCUMENT MUST BE COMPLETED AND RETURNED TO PEARLAND ISD BY May 15, 2026.

PRIVATE SCHOOL NAME _____ DATE _____

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RESIDENCY AND INCOME DOCUMENTATION (Form #3)
PRIVATE SCHOOL PARTICIPATION IN FEDERAL FUNDING
For 2026-2027 School Year

ALL PORTIONS OF THIS FORM MUST BE COMPLETED. THIS FORM MUST BE INCLUDED AS PART OF THE PRIVATE SCHOOL'S DOCUMENTATION OF A STUDENT'S TITLE I STATUS. THIS FORM WILL BE REVIEWED BY THE PUBLIC SCHOOL DISTRICT BEFORE GOODS/SERVICES WILL BE FUNDED.**

Use the annual income chart below to answer question one. **Find and circle your family size. Circle the annual income that is directly across from your family size.** Family size may include a foster child, an emancipated youth or a special education child over age 18.

Effective July 1, 2026 – June 30, 2027

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$16,744	$23,828	$1,396	$1,986	$698	$993	$644	$917	$322	$459
2	$22,646	$32,227	$1,888	$2,686	$944	$1,343	$871	$1,240	$436	$620
3	$28,548	$40,626	$2,379	$3,386	$1,190	$1,693	$1,098	$1,563	$549	$782
4	$34,450	$49,025	$2,871	$4,086	$1,436	$2,043	$1,325	$1,886	$663	$943
5	$40,352	$57,424	$3,363	$4,786	$1,682	$2,393	$1,552	$2,209	$776	$1,105
6	$46,254	$65,823	$3,855	$5,486	$1,928	$2,743	$1,779	$2,532	$890	$1,266
7	$52,156	$74,222	$4,347	$6,186	$2,174	$3,093	$2,006	$2,855	$1,003	$1,428
8	$58,058	$82,621	$4,839	$6,886	$2,420	$3,443	$2,233	$3,178	$1,117	$1,589
For each additional family member, add	+$5,902	+$8,399	+$492	+$700	+$246	+$350	+$227	+$324	+$114	+$162

Annual Income Declared on Previous Year Tax Return $_____

Please circle your answer:

1.	Is your annual income *the same, more, or less* than the amount circled above?	SAME	MORE LESS
2.	Is your family eligible for food stamps?	YES	NO
3.	Are you receiving public assistance? Food stamps, or TANF(formerly AFDC)	YES	NO
4.	Are any of your children eligible for the "Medicaid" program?	YES	NO
5.	Are you receiving full scholarship based on need for your child/children?	YES	NO
6.	Are you receiving free or reduced tuition for your child/children?	YES	NO
7.	Does your family live in a housing project or have poor housing conditions?	YES	NO
8.	Do you have an unusual financial burden? If Yes, please explain on back.	YES	NO
9.	We choose not to share the above information with you and understand it will affect federal funding for the private school campus.	YES	NO

FAMILY NAME (PRINT):_____

ADDRESS:_____

PUBLIC SCHOOL DISTRICT IN WHICH YOUR CHILD RESIDES:_____

Parent/Guardian Signature REQUIRED

List names, grade level, address, and name of the public school campus *your* children are eligible to attend:

FIRST & LAST NAME	GRADE LEVEL	ADDRESS	NAME OF PUBLIC SCHOOL CAMPUS

****Attach Proof of Income, such as a copy of 2025 Federal Tax Return, Recent Pay Check Stub, or Food Stamp/TANF (formerly AFDC Card).**
Attach one (1) proof of residence (ex. recent utility bill, insurance on residence, lease agreement).
A driver's license is not an acceptable form of proof of residence.

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Private/Non-Profit Schools
Resources for Pearland ISD Partnerships
2026-2027

www.pearlandisd.org
www.esc4.net
www.hcde-texas.org
www.interventionscentral.org
www.tea.state.tx.us
www.whatworkshelpdesk.ed.gov

Pearland ISD Federal Programs Staff

Title I, II, III, and IV:

Donna Tate
Administrator of Federal Programs
Virgil Gant Education Support Center
281-485-3203

IDEA/Special Education:

Sheri Maston
Executive Director of Special Programs
Virgil Gant Education Support Center
281-485-3203

Do you have concerns about your child's development?





LEARNING **SPEECH** **BEHAVIOR**

If so, please contact the special education department at your child's school.

Special education and related services are available to all eligible individuals ages three through 21 years of age.

Pearland ISD	Sheri Maston	281-2485-3203	mastons@pearlandisd.org
School Name	**Contact**	**Telephone Number**	**Email**

Early Childhood Intervention (ECI) agencies provide services to children ages from birth to their third birthday for learning, speech, behavior, or other delays. Your child's school and ECI agencies provide services for children who are deaf or hard of hearing, have visual impairments, and/or have deaf blindness.
To find your local ECI, scan the QR code below:

TEXAS Health and Human Services
Early Childhood Intervention



For more information, you can contact SPEDTex. They provide information and resources that can help you understand disabilities, your rights, and the school's responsibilities under the Individuals with Disabilities Education Act (IDEA).

SPEDTEX Special Education Information Center

TEA Texas Education Agency

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¿Le preocupa el desarrollo de su hijo?



APRENDIZAJE

HABLA

CONDUCTA



Si es así, comuníquese con el Departamento de Educación Especial de la escuela de su hijo.

Los servicios relacionados y de educación especial están a disposición de todas las personas elegibles de 3 a 21 años.

Pearland ISD	Sheri Maston	281-485-3203	mastons@pearlandisd.org
Nombre de la escuela	**Contacto**	**Número de teléfono**	**Correo electrónico**

Las agencias de Intervención Temprana en la Infancia (Early Childhood Intervention, ECI por sus siglas en inglés) brindan servicios a niños desde su nacimiento hasta los tres años, los cuales están relacionados con el aprendizaje, el habla, la conducta y otros retrasos. La escuela de su hijo y las agencias de ECI proporcionan servicios para niños que son sordos o que tienen una dificultad auditiva, discapacidades visuales o sordoceguera.

Para encontrar su agencia de ECI local, escanee el siguiente código QR:

TEXAS Health and Human Services
Early Childhood Intervention



Para obtener más información, puede comunicarse con SPEDtex, el Centro de Información de Educación Especial de Texas. Este provee información y recursos que pueden ayudarlo a comprender las discapacidades, sus derechos y las responsabilidades de la escuela de acuerdo con la Ley de Educación para Personas con Discapacidad (Individuals with Disabilities Education Act, IDEA por sus siglas en inglés).

SPEDTEX
Special Education Information Center

TEA
Texas Education Agency

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Every Student Succeeds Act (ESSA)
Private Nonprofit (PNP) Complaints and Procedures

Under ESSA (Sections 1117 and 8501), an independent school district is required to provide eligible private school children, their teachers, and their families services that are equitable to those provided in eligible public schools. Private school officials have recourse through the complaint process if they do not believe their eligible students or teachers are receiving equitable services. The ombudsman serves as the primary point of contact for responding and resolving any complaints regarding equitable services.

If private school officials believe that timely and meaningful consultation has not occurred, they should first discuss concerns with the local school district, regional education service center (ESC), or third-party provider responsible for coordinating the consultation between the two entities. In the event the problem is not resolved, private school officials have the right to file a formal written complaint with the state's ombudsman.

A written complaint must include:

- The complainant's contact information
- The specific requirement(s) not met
- A statement that the local school district, ESC, or third-party provider has failed to meet requirements for equitable participation
- The facts on which the complaint is based
- The dates and events related to the complaint
- Description of documents that support the described facts
- The complainant's efforts to resolve the complaint in other ways

Mailed complaints should be sent directly to:

Texas State Ombudsman for PNP Equitable Services
Attn: Department of Grants Compliance and Oversight
Texas Education Agency
1701 N. Congress Avenue
Austin, TX 78701

PNP officials may electronically submit the written complaint at: PNPombudsman@tea.texas.gov or by calling 512-463-9499.