

Signature of PNP School Representative

Sample Letter of Intent for PNP School Letter

Date:
PNP School Name:
PNP School Representative:
PNP School Representative Title:
PNP School Contact (if other than person listed above):
Contact Email:
Phone Number:
Fax Number:
Yes, I am interested in my students and teachers participating in Title III, Part A services for the 20 20 school yearNo, I am not interested in my students and teachers participating in Title III, Part A services for the 20 20 school year.
Please respond by in order to receive Title III, Part A services for the 20 20 school year. If a response is not received by the due date, it will be understood that the PNP school is not interested in receiving Title III, Part A services for this school year.
[Insert name]
[Insert phone and fax numbers]
[Insert e-mail address]



Date

Printed Name of PNP School Representative