



PART 1-A NEGLECTED SCHOOL CHILDREN

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| SCHOOL DISTRICT NAME | COUNTY-DISTRICT CODE |
| DISTRICT CONTACT | FORM DUE DATE July 1st |

DIRECTIONS

Mail or fax the completed form to: Federal Grants Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480

Questions contact: Federal Grants Management (573) 526-5658 Fax (573) 526-6698 or e-mail to webreplyfgm@dese.mo.gov
 Visit DESE's website at dese.mo.gov

SECTION I – NAME AND LOCATION OF NEGLECTED INSTITUTION

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| NAME OF NEGLECTED INSTITUTION | NAME OF PRINCIPAL OF NEGELECTED INSTITUTUION |
| ADDRESS OF NEGLECTED INSTITUTION | |
| COUNTY | TELEPHONE NUMBER |

SECTION II – CONSULTATION WITH NEGLECTED INSTITUTION

1. NAMES OF PERSONS REPRESENTING THE SCHOOLS IN SUCH CONSULTATIONS

| REPRESENTING THE PUBLIC SCHOOL | REPRESENTING THE NEGLECTED INSTITUTION |
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2. GIVE DATES OF MEETINGS AND CONSULTATIONS HELD FOR PURPOSES OF COLLECTING BASIC DATA AND PLANNING THE EDUCATIONAL PROGRAM DESCRIBED IN THIS DOCUMENT.

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SECTION III – PARTICIPATION OF NEGLECTED INSTITUTION AND ASSURANCES

1. THIS NEGLECTED INSTITUTION DOES WISH TO PARTICIPATE IN TITLE I ACTIVITIES.

2. THIS NEGLECTED INSTITUTION DOES NOT WISH TO PARTICIPATE IN TITLE I ACTIVITIES.

THE UNDERSIGNED HEREBY ASSURES THE CHIEF STATE SCHOOL OFFICER AND THE LOCAL PUBLIC SCHOOL THAT:

A. ALL THE REQUIREMENTS SET FORTH BY THE FEDERAL STATUTE AND ACCOMPANYING REGULATIONS AND RULES FOR NEGLECTED PARTICIPATION IN TITLE I ESEA WILL BE SATISFACTORILY MET.

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| SIGNATURE OF PRINCIPAL OR OTHER REPRESENTATIVE OF THE NEGLECTED INSTITUTION | DATE |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE FROM THE PUBLIC SCHOOL | DATE |