

AUTHORITY: Act 302, PA 1921.

COMPLETION: REQUIRED.

NONPUBLIC SCHOOL MEMBERSHIP REPORT AS OF SEPTEMBER 2004

LABEL

MAILING INSTRUCTIONS:

NONPUBLIC SCHOOL: Return the completed copy by **OCTOBER 1, 2004** to the STATE address indicated above. Please keep copies for your files. (Forward to your central nonpublic office as requested.)

Complete ONLY if Label is missing or incorrect.

Legal Name of Nonpublic School	
Address of School	
City	Zip Code

1. TOTAL MEMBERSHIP BY GRADES AS OF SEPTEMBER 2004

Of the students below, how many are certified as special education students? _____

Of the students in grades 1-12, how many are in attendance part-time? * _____

GRADE:	Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
STUDENT** COUNT:															

*Part-time: Those students carrying less than a full-time number of credits.

**For students in non-graded programs, consider their grade to be the number of years in school beyond kindergarten.

2. TEACHER QUALIFICATIONS

Does your school claim an objection to teacher certification based upon a sincerely held religious belief? YES NO

(If you stated "Yes," you are exempt from the teacher certification requirement based on the Michigan Supreme Court decision in People v DeJonge and need not complete the rest of section 2 regarding teacher qualifications.)

Do all teachers have State of Michigan certificates or permits? YES NO

PLEASE PROVIDE:

TOTAL NUMBER OF TEACHERS: _____

Number of Teachers With a Michigan Teaching Certificate: _____

Number of Teachers With a Michigan Teaching Permit: _____

Of Those Teachers WITHOUT Michigan Certificates or Permits

Number with Less than a High School Diploma: _____

Number with HS Diploma but Less than a Bachelor's Degree: _____

Number with Bachelor's Degree: _____

Number with Teaching Certificates from Other States: _____

3. COURSE OF STUDY

Mark the following areas in which instruction is given:

- ALL LEVELS
- (a) English, reading
- (b) Mathematics
- (c) Social Studies
- (d) Science

- JR/SR HIGH
- (e) The Constitution of the United States
- (f) The Constitution of the State of Michigan
- (g) The history and present form of civil government of the United States, the State of Michigan, and the political subdivisions and municipalities of the State of Michigan.

I certify that the information on this form is true.

AUTHORIZED SCHOOL ADMINISTRATOR OR HOME SCHOOL PARENT

Date _____ Telephone () _____

(SIGNATURE)

(TYPE OR PRINT NAME)

---THIS INFORMATION IS OPTIONAL---

4. TIME

Number of hours per week instruction is given (whole number): _____

Number of days instruction will be given during the year (whole number): _____

5. INSTRUCTIONAL PERSONNEL

Report Full-Time Equivalency to Nearest Whole Number.

PERSONNEL	PRE-K	GRADES K-8	GRADES 9-12
TEACHERS-- Full-Time Equivalency			
PRINCIPALS-- Full-Time Equivalency			
OTHER INSTRUCTIONAL-- Full-Time Equivalency			
TOTAL			

6. NEEDY* CHILDREN IN THIS SCHOOL

What is the total number of needy children in this school? _____

*The number of needy children may be determined by your best estimate or actual survey of parents of students in your school whose income falls within the "Family Income Guidelines" indicated below.

(This number is used in preparing the list of schools having high concentrations of students from low-income families for National Defense/Direct Student Loan cancellation benefits for teachers. It is MOST important that you enter ZERO (0) if you have NO needy children.)

FAMILY INCOME GUIDELINES: FISCAL YEAR 2004-2005

FAMILY MEMBERS*	FAMILY INCOME	FAMILY MEMBERS*	FAMILY INCOME
1	\$17,224	5	\$40,756
2	23,107	6	46,639
3	28,990	7	52,522
4	34,873	8	58,405

*Each additional family member: add \$5,883.

NOTE: Failure to respond to item 6 eliminates the school from NDSL cancellation consideration.