

**Alabama State Department of Education
Special Education Services**

PROPORTIONATE SHARE ASSURANCE of NO PRIVATE SCHOOLS WITHIN THE LEA

_____ *Local Education Agency Name*

_____ *Fiscal Year*

School Year	SY
Name of person to contact regarding this Assurance: (print or type)	Name:
	Title:
	Phone Number:
	Email Address:
Date Assurance Completed: (month/day/year)	

This certification assures that _____ (Local Education Agency) does not have any private schools within the jurisdiction, and therefore does not have a calculation nor documentation of proportionate share funding for parentally placed private school students with disabilities as indicated by 34 CFR§ 300.133, for the fiscal year _____.

By signing the form the authorized official certifies this information on behalf of the LEA.

Name of Authorized Official or Designee

Title

Signature of Authorized Official or Designee

Date