**INSTRUCTIONS FOR USE**

Please follow these directions for the “2015-2016 Tentative Tuition Rates to be Charged” Insert into column (A) the **full-day** tentative per diem rate to be charged for the ten month and extended school years (one amount); insert in column (B) the number of possible enrolled days in the ten month school year; insert into column (C) the total ten month school year tentative tuition rate to be charged which must equal column (A) multiplied by column (B); insert into column (D) the number of possible enrolled days in the extended school year; insert into column (E) the total extended school year tentative tuition rate to be charged which must equal column (A) multiplied by column (D); and insert into column (F) the total school year tentative tuition rate to be charged for the 12 month school year which must be the total of columns (C) and (E). Please complete a separate page 2 for each approved private school for students with disabilities.

EXAMPLE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name | **(A)****Full Day****Per Diem**Rate | **Ten Month** | Extended | **(F)****Total**School YearTuition Rate |
|  **(B)****Enrolled**Days | **(C)****Total****Rate** | **(D)****Enrolled**Days | **(E)****Total****Rate** |
| ABC Private School | 241.00 | 180 | 43,380 | 19 | 4,579 | 47,959 |
| XYZ Private School |  201.10 | 180 | 36,200 | N/A | N/A | 36,200 |

Please forward the attached to the below address by July 1, 2015. If you have any questions concerning this memo, please call Elise Sadler-Williams at (609) 777-4483.

**Elise Sadler-Williams, Division of Administration and Finance**

**Fax: (609) 292-6794**

 **Email: doepssd@doe.state.nj.us**

|  |  |  |
| --- | --- | --- |
| **1.** | Name of School |  |
| **2.** | County: |  |
| **3.** | Street Address1: |  |
| **4.** | Street Address2: |  |
| **5.** | City: |  |
| **6.** | Zip Code: |  |
| **7.** | Telephone Number |  |
| **8.** | Director’s Name (or contact person’s):  |  |
| **9.** | Director’s (or contact person’s) Fax Number: |  |
| **10.** | Director’s (or contact person’s) Email Address: |  |

**2015-2016 TENTATIVE TUITION RATES TO BE CHARGED**

***Double click box below to input amounts. Only enter amounts in cells A5, B5 and D5 as C5, E5, and F5 will automatically calculate***



ESW/KG: