



DC CAPE Annual Membership Form

YES! I want to join the DC chapter of the Council for American Private Education, DC CAPE.

Name _____

Title _____

Address _____

Phone _____

E-mail _____

School/Organization _____

Web Site _____

School Administrators Only:

Grades Served _____ Total Student Enrollment _____

Year Founded _____ Co-Ed, Males only, or Females only _____

Faith-Based? (if yes, what denomination) _____

School Type (day school, Montessori, etc.) _____

Are you accredited? _____ By which group(s)? _____

Is your school a member of a schools association(s)? Which one(s)? _____

Please check if your school currently participates in the following federal programs:

____ DC Opportunity Scholarship Program (OSP)

____ Title I (Under No Child Left Behind, *NCLB*)

____ Title IIA (Under No Child Left Behind, *NCLB*)

____ Title III (Under No Child Left Behind, *NCLB*)

____ Service for Students with Disabilities (Under the Individuals with Disabilities Act, *IDEA*)

Please find enclosed my membership dues:

_____ \$100 for an Association Member

_____ \$50 for a School Member

_____ \$25 for an Individual Educator Member

_____ Please invoice me

(make checks payable to DC CAPE and mail to Jennifer Daniels, PO BOX 15348, Washington DC, 20003)

Charter Members of DC CAPE

Archdiocese of Washington, Independent Education, Episcopal Diocese of Washington, Agudath Israel DC,
Association of Christian Schools International, American Montessori Society