

**Approved Private School Summarized Report (PDE-4008A)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |
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| <b>School Year: <u>2013-2014</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>(1) Report Type (Circle One): ORIGINAL REVISION</b> |
| <b>(2) APS:</b> _____<br>Division/Program: _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |
| <b>(3) Opening Date of School Year:</b> ____/____/____<br><b>Closing Date of School Year:</b> ____/____/____                                                                                                                                                                                                                                                                                                                                                                             |                                                        |
| <b>(4) Dates Classes not in Session:</b> _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |
| <b>(5) Number of Calendar Days in Instructional Program:</b> _____<br><b>Number of Calendar Days in 5-Day Residential Program:</b> _____<br><b>Number of Calendar Days in 7-Day Residential Program:</b> _____                                                                                                                                                                                                                                                                           |                                                        |
| <b>(6) Additional</b> _____<br><b>Comments:</b> _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |
| <b>(7) Oath:</b> As an Authorized official for the Approved Private School indicated herein, I certify that the data contained in this report meets the provisions of sections 1376-1377 of the School Laws of Pennsylvania and is true.<br><br>_____<br>Signature - Authorized School Official<br><br>_____<br>Contact Person (Please Print)<br><br>_____<br>Email Address<br><br>_____/____/____<br>Date<br><br>(____) ____-____<br>Phone Number<br><br>(____) ____-____<br>Fax Number |                                                        |

Comptroller's Use Only: Preparer's Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_