

Application for Succeed Scholarship Program

Parent/Legal Guardian



Complete this form & return to the Arkansas Department of Education
NO LESS THAN SIXTY-FIVE (65) DAYS BEFORE DATE OF FIRST SCHOLARSHIP PAYMENT

Name: _____

Date of Birth: _____ **SSN:** _____ - _____ - _____

Address: _____ **Phone:** _____

Street and/or Route Number _____ Day Phone _____

City, State ZIP _____ Night Phone _____

E-mail: _____

1. Please verify that your child/ward meets one (1) of the following:

I verify that _____ is currently enrolled in a
Student's Name
public school and has attended public school for at least the one (1) full school year immediately
prior to the school year for which the scholarship payments would be disbursed and that I am
submitting as an attachment proof of enrollment;

Name of School District: _____

Type of Proof Submitted: _____

OR

I verify that _____ is a dependent of an active
Student's Name

duty member of any branch of the United States armed forces, to whom this enrollment requirement does not apply and that I am **submitting as an attachment** proof of active duty status.

Active Duty Member: _____
PLEASE PRINT NAME

Type of Proof Submitted: _____

OR, BEGINNING WITH THE 2017-2018 SCHOOL YEAR,

I verify that _____ is a student already
Student's Name
participating in the program, to whom this enrollment requirement does not apply.

Name of Private School: _____

2. Please affirm or verify one (1) of the following statements:

I affirm that _____ has an individualized
Student's Name
education program (IEP) in accordance with the Individuals with Disabilities Education Act,
20 U.S.C. § 1400 *et seq.*

OR, BEGINNING WITH THE 2017-2018 SCHOOL YEAR,

I verify that _____ is a student already
Student's Name
participating in the program and that he/she had an individualized education program (IEP) in
accordance with the Individuals with Disability Education Act, 20 U.S.C. § 1400 *et seq.* upon
his/her initial participation in the program.

**3. I verify that _____ has been accepted for
Student's Name
admission into a private school that is eligible to participate in the Succeed Scholarship Program
and that I am **submitting as an attachment** proof of his/her acceptance.**

Name of Private School: _____

Type of Proof Submitted: _____

4. Please affirm or verify one (1) of the following statements:

I affirm that I will notify _____ 's current
Student's Name
and resident school district(s), if he/she is not already participating in the program as noted above, of
this request for a scholarship within five (5) days of submitting this application;

OR

I verify that _____ has been accepted for
Student's Name
admission into the above-named private school upon the availability of space and affirm that I will
notify his/her current and resident school district(s), if he/she is not already participating in the
program as noted above, at least sixty (60) days before he/she enrolls in the private school and
thereby becomes eligible for scholarship payments for attending that private school.

OR, BEGINNING WITH THE 2017-2018 SCHOOL YEAR,

I verify that _____ is a student already
Student's Name
participating in the program, to whom this notification requirement does not apply.

**5. I verify that I will fully comply with the parental involvement requirements of the above-named
private school unless excused by the school for illness or other good cause.**

**6. I verify that I have signed a waiver that releases the State of Arkansas from any legal obligation to
provide services or education to _____ except for
Student's Name
funding provided for the program and that I am **submitting this signed waiver as an attachment.****

**7. I verify that I have signed a waiver that releases _____ 's
Student's Name
resident school district from any legal obligation to provide services or education to him/her while
he/she is not enrolled in the resident school district and that I am **submitting this signed waiver as
an attachment.****

8. I affirm that I will notify the State Board of Education or the State Board of Education's designee if _____ ceases to be enrolled in or regularly attend the above-named private school for any reason.

Student's Name

9. I affirm that I will correspond with the Arkansas Department of Education annually to inform the Department of intent to maintain enrollment in the above-named private school *in order to continue the disbursement of scholarship payments.*

PLEASE READ THE FOLLOWING CAREFULLY:

PURSUANT TO THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) 20 U.S.C. § 1412(a)(10)(A), A CHILD WITH A DISABILITY PLACED BY HIS OR HER PARENT(S) OR LEGAL GUARDIAN(S) IN A PRIVATE SCHOOL DOES NOT HAVE AN INDIVIDUAL RIGHT TO RECEIVE THE SPECIAL EDUCATION AND RELATED SERVICES THAT THE CHILD WOULD RECEIVE IF ENROLLED IN A PUBLIC SCHOOL. PUBLIC SCHOOLS ARE NOT REQUIRED TO PROVIDE A FREE APPROPRIATE PUBLIC EDUCATION TO STUDENTS WITH DISABILITIES ENROLLED BY THEIR PARENT(S) OR LEGAL GUARDIAN(S) IN PRIVATE SCHOOL. BY ENROLLING YOUR CHILD IN A PRIVATE SCHOOL, YOU AND THE STUDENT ARE NO LONGER ENTITLED TO THE PROCEDURAL SAFEGUARDS GRANTED BY THE IDEA, INCLUDING NOTICE AND DISCIPLINE PROCEDURES, AND DO NOT HAVE THE RIGHT TO FILE A STATE COMPLAINT OR THE RIGHT TO A DUE PROCESS HEARING FOR ALLEGED VIOLATIONS OF IDEA, EXCEPT FOR CHILD FIND (20 U.S.C. § 1412(a)(10)(A)).

I HAVE READ THE ABOVE EXPLANATION OF RIGHTS. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING BELOW. I HAVE SIGNED IT FREELY AND VOLUNTARILY AND WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME.

Signature: _____

Date: _____

RETURN COMPLETED APPLICATIONS TO:

**Arkansas Department of Education
Office of Legal Services
Four Capitol Mall, Room 301-A
Little Rock, AR 72201**