



Education Scholarship Account (ESA) 1st Quarter Reimbursement Request Form

**(Due in office on or before August 31, 2018) -Post Marked Dates Are Not Accepted
(Disbursement on September 28, 2018)**

ESA Account Number _____

ESA Participant Name _____
(Last) (First) (Middle)

Parent/Guardian Name _____
(Last) (First) (Middle)

Phone Number _____

Name of current school* _____

*Please provide verification of the student's current enrollment

Please enter reimbursement request amounts in the appropriate boxes below. All amounts must be supported by **ORIGINAL** receipts. (Please maintain a photocopy for your records.)

Eligible Expenses:	Reimbursement Request Amount
(a) Tuition/fees from eligible school	
(b) Textbooks	
(c) Payment to a tutor (Must include a copy of tutor's license or certification.)	
(d) Payment for purchase of curriculum, including any supplemental materials required by the curriculum	
(e) Transportation expense to/from a provider paid to fee-for-service transportation provider	
(f) Tuition/fees for online learning programs or courses	
(g) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university adm.	
(h) Educational services or therapies from a licensed or certified practitioner or provider, paraprofessional, or educational aide (Must include of copy of license or certification.)	
(i) Services provided by a public school, incl. individual classes/extracurricular programs	
(j) Tuition/fees at a postsecondary institution	
(k) Textbooks related to coursework at a postsecondary institution	
(l) Surety bond payments, if required by the Mississippi Department of Education (MDE)	NOT CURRENTLY REQUIRED BY MDE
(m) Consumable school supplies necessary for educational services therapy, daily classroom activities, and tutoring (\$50 max. annually)	
(n) Computer hardware/software/technological devices if an eligible school, licensed/certified provider, or licensed medical professional verifies in writing it is essential to meet annual, measurable goals (Original signed copy of verification must be attached.)	
Total Amount of Funds Requested from participant's ESA:	\$ __, __ __ __. __ __

Amount to be reimbursed directly to parent/guardian: \$ __, __ __ __. __ __

I, _____ (Parent/Guardian), request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed.

Signature of Parent/Guardian

Date

Amount to be paid directly to educational service provider: \$ __, __ __ __. __ __

The following must match the information already provided when setting up account.

Education Service Provider Name _____

Employer Identification Number __ __ - __ __ __ __ __ __

Provider Address _____

Provider Phone Number _____

I, _____ (Educational Service Provider authorized representative), attest the above payment amount is for the actual amount charged for services provided by _____ (Educational Service Provider) to _____ (ESA participating student's name) during school year 2018-2019 as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.

Signature of Educational Service Provider Representative

Date

Signature of Parent/Guardian (Required for Authorization)

Date



Education Scholarship Account (ESA) 2nd Quarter Reimbursement Request Form

**(Due in office on or before November 30, 2018)-Post Marked Dates Are Not Accepted
(Disbursement on December 28, 2018)**

ESA Account Number _____

ESA Participant Name _____
(Last) (First) (Middle)

Parent/Guardian Name _____
(Last) (First) (Middle)

Phone Number _____

Name of current school* _____

*Please provide verification of the student's current enrollment

Please enter reimbursement request amounts in the appropriate boxes below. All amounts must be supported by **ORIGINAL** receipts. (Please maintain a photocopy for your records.)

Eligible Expenses:	Reimbursement Request Amount
(a) Tuition/fees from eligible school	
(b) Textbooks	
(c) Payment to a tutor (Must include a copy of tutor's license or certification.)	
(d) Payment for purchase of curriculum, including any supplemental materials required by the curriculum	
(e) Transportation expense to/from a provider paid to fee-for-service transportation provider	
(f) Tuition/fees for online learning programs or courses	
(g) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university adm.	
(h) Educational services or therapies from a licensed or certified practitioner or provider, paraprofessional, or educational aide (Must include of copy of license or certification.)	
(i) Services provided by a public school, incl. individual classes/extracurricular programs	
(j) Tuition/fees at a postsecondary institution	
(k) Textbooks related to coursework at a postsecondary institution	
(l) Surety bond payments, if required by the Mississippi Department of Education (MDE)	NOT CURRENTLY REQUIRED BY MDE
(m) Consumable school supplies necessary for educational services therapy, daily classroom activities, and tutoring (\$50 max. annually)	
(n) Computer hardware/software/technological devices if an eligible school, licensed/certified provider, or licensed medical professional verifies in writing it is essential to meet annual, measurable goals (Original signed copy of verification must be attached.)	
Total Amount of Funds Requested from participant's ESA:	\$ __, __ __ __. __ __

Amount to be reimbursed directly to parent/guardian: \$ __, __ __ __. __ __

I, _____ (Parent/Guardian), request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed.

Signature of Parent/Guardian

Date

Amount to be paid directly to educational service provider: \$ __, __ __ __. __ __

The following must match the information already provided when setting up account.

Education Service Provider Name _____

Employer Identification Number ____ - ____ - ____ - ____ - ____

Provider Address _____

Provider Phone Number _____

I, _____ (Educational Service Provider authorized representative), attest the above payment amount is for the actual amount charged for services provided by _____ (Educational Service Provider) to _____ (ESA participating student's name) during school year 2018-2019 as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.

Signature of Educational Service Provider Representative

Date

Signature of Parent/Guardian (Required for Authorization)

Date



Education Scholarship Account (ESA) 3rd Quarter Reimbursement Request Form

**(Due in office on or before February 28, 2019)-Post Marked Dates Are Not Accepted
(Disbursement on March 29, 2019)**

ESA Account Number _____

ESA Participant Name _____
(Last) (First) (Middle)

Parent/Guardian Name _____
(Last) (First) (Middle)

Phone Number _____

Name of current school* _____

*Please provide verification of the student's current enrollment

Please enter reimbursement request amounts in the appropriate boxes below. All amounts must be supported by **ORIGINAL** receipts. (Please maintain a photocopy for your records.)

Eligible Expenses:	Reimbursement Request Amount
(a) Tuition/fees from eligible school	
(b) Textbooks	
(c) Payment to a tutor (Must include a copy of tutor's license or certification.)	
(d) Payment for purchase of curriculum, including any supplemental materials required by the curriculum	
(e) Transportation expense to/from a provider paid to fee-for-service transportation provider	
(f) Tuition/fees for online learning programs or courses	
(g) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university adm.	
(h) Educational services or therapies from a licensed or certified practitioner or provider, paraprofessional, or educational aide (Must include of copy of license or certification.)	
(i) Services provided by a public school, incl. individual classes/extracurricular programs	
(j) Tuition/fees at a postsecondary institution	
(k) Textbooks related to coursework at a postsecondary institution	
(l) Surety bond payments, if required by the Mississippi Department of Education (MDE)	NOT CURRENTLY REQUIRED BY MDE
(m) Consumable school supplies necessary for educational services therapy, daily classroom activities, and tutoring (\$50 max. annually)	
(n) Computer hardware/software/technological devices if an eligible school, licensed/certified provider, or licensed medical professional verifies in writing it is essential to meet annual, measurable goals (Original signed copy of verification must be attached.)	
Total Amount of Funds Requested from participant's ESA:	\$ __, __ __ __. __ __

Amount to be reimbursed directly to parent/guardian: \$ __, __ __ __. __ __

I, _____ (Parent/Guardian), request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed.

Signature of Parent/Guardian

Date

Amount to be paid directly to educational service provider: \$ __, __ __ __. __ __

The following must match the information already provided when setting up account.

Education Service Provider Name _____

Employer Identification Number ____ - ____ - ____ - ____ - ____

Provider Address _____

Provider Phone Number _____

I, _____ (Educational Service Provider authorized representative), attest the above payment amount is for the actual amount charged for services provided by _____ (Educational Service Provider) to _____ (ESA participating student's name) during school year 2018-2019 as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.

Signature of Educational Service Provider Representative

Date

Signature of Parent/Guardian (Required for Authorization)

Date



Education Scholarship Account (ESA) 4th Quarter Reimbursement Request Form

**(Due in office on or before May 31, 2019)-Post Marked Dates Are Not Accepted
(Disbursement on June 28, 2019)**

ESA Account Number _____

ESA Participant Name _____
(Last) (First) (Middle)

Parent/Guardian Name _____
(Last) (First) (Middle)

Phone Number _____

Name of current school* _____

*Please provide verification of the student's current enrollment

Please enter reimbursement request amounts in the appropriate boxes below. All amounts must be supported by **ORIGINAL** receipts. (Please maintain a photocopy for your records.)

Eligible Expenses:	Reimbursement Request Amount
(a) Tuition/fees from eligible school	
(b) Textbooks	
(c) Payment to a tutor (Must include a copy of tutor's license or certification.)	
(d) Payment for purchase of curriculum, including any supplemental materials required by the curriculum	
(e) Transportation expense to/from a provider paid to fee-for-service transportation provider	
(f) Tuition/fees for online learning programs or courses	
(g) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university adm.	
(h) Educational services or therapies from a licensed or certified practitioner or provider, paraprofessional, or educational aide (Must include of copy of license or certification.)	
(i) Services provided by a public school, incl. individual classes/extracurricular programs	
(j) Tuition/fees at a postsecondary institution	
(k) Textbooks related to coursework at a postsecondary institution	
(l) Surety bond payments, if required by the Mississippi Department of Education (MDE)	NOT CURRENTLY REQUIRED BY MDE
(m) Consumable school supplies necessary for educational services therapy, daily classroom activities, and tutoring (\$50 max. annually)	
(n) Computer hardware/software/technological devices if an eligible school, licensed/certified provider, or licensed medical professional verifies in writing it is essential to meet annual, measurable goals (Original signed copy of verification must be attached.)	
Total Amount of Funds Requested from participant's ESA:	\$ __, __ __ __. __ __

Amount to be reimbursed directly to parent/guardian: \$ __, __ __ __. __ __

I, _____ (Parent/Guardian), request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed.

Signature of Parent/Guardian

Date

Amount to be paid directly to educational service provider: \$ __, __ __ __. __ __

The following must match the information already provided when setting up account.

Education Service Provider Name _____

Employer Identification Number ____ - ____ - ____ - ____ - ____

Provider Address _____

Provider Phone Number _____

I, _____ (Educational Service Provider authorized representative), attest the above payment amount is for the actual amount charged for services provided by _____ (Educational Service Provider) to _____ (ESA participating student's name) during school year 2018-2019 as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.

Signature of Educational Service Provider Representative

Date

Signature of Parent/Guardian (Required for Authorization)

Date