

**Education Scholarship Account (ESA) Recertification Form  
2016-2017**

Parent name: \_\_\_\_\_

Student name: \_\_\_\_\_

- Please attach a copy of the student's most recent evaluation and/or eligibility ruling from the last public school district attended.

An evaluation is an individualized discovery process to determine if a child meets the eligibility criteria for special education and related services under the Individuals with Disabilities Education Act of 2004 (IDEA) and, if so, what are the child's educational programming needs.

**Senate Bill 2695**

*Every three (3) years after initial enrollment in the program, a parent of a participating student, except a student diagnosed as being a person with a permanent disability, shall document that the student continues to be identified by the school district, a federal or state government agency, or a licensed physician or psychometrist as a child with a disability, as defined by the federal Individuals with Disabilities Education Act (20 USCS Section 1401(3)).*

1. Did you submit reimbursement requests from your ESA in school year 2015-2016?

- If yes, please indicate what accredited private school your child attended?

\_\_\_\_\_

- If no, please indicate why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you planning on using the ESA in school year 2016-2017?

- If yes, please indicate what accredited private school your child will attend.

\_\_\_\_\_

- If no, will your child be enrolled in a public school district?

Name of school district: \_\_\_\_\_

**This form must be complete by May 31, 2016 and mailed to:**

**Mississippi Department of Education  
Office of Special Education  
Education Scholarship Account  
P.O. Box 771  
Jackson, MS 39205-0771**