



## Education Scholarship Account (ESA) Responsibilities of Parents

In order for an eligible student to qualify to participate in the ESA program per ***The Equal Opportunity for Students with Special Needs Miss. Code Ann. § 37-181-5***, the parent or legal guardian must agree to the following items. (Please initial by each item signifying your promise to abide by these items if your student is selected to participate.)

- 1. I promise to provide an organized, appropriate educational program with measurable annual goals to my participating student and, to the extent reasonably deemed appropriate, to provide an education for my qualified student in at least the subjects of reading, grammar, mathematics, social studies, and science;
- 2. I promise to provide documentation from the school district, a federal or state agency, or a licensed physician or psychometrist that my participating student continues to be identified as a child with a disability, as defined by the federal Individuals with Disabilities Act (20 USCS Section 1401(3)), every three (3) years after initial enrollment in the program, unless my student is diagnosed with a permanent disability;
- 3. I promise to not enroll my participating student in a public school and to acknowledge that my home school district has provided clear notice that my student has no individual entitlement to a free appropriate public education (FAPE) from their home school district, including special education and related services, for as long as my student is participating in the program;
- 4. I promise to not file for my participating student a certificate of enrollment indicating participation in a home instruction (homeschool) program under section 37-13-91, Mississippi Code of 1972;
- 5. I promise to not participate in the Mississippi Dyslexia Therapy Scholarship for Students with Dyslexia Program or the Mississippi Speech-Language Therapy Scholarship for Students with Speech-Language Impairments Program while participating in the ESA program.

If my student is selected for participation in the Education Scholarship Account program I, \_\_\_\_\_ (parent/legal guardian/custodian), promise to abide by the items enumerated above throughout the duration of participation in the program by my eligible student, \_\_\_\_\_. I further promise that I will notify the Mississippi Department of Education (MDE) immediately upon a change in status that causes one or more of the above items to no longer be met. I acknowledge that immediately upon one or more of the above items not being satisfied, my ESA account will be closed and all remaining funds will be forfeited. I further acknowledge that random audits will be conducted by MDE throughout the year to ensure all ESA funds are being appropriately spent for the education of the participating students. Any fraudulent use of ESA funds shall be required to be repaid to the ESA and referred to the appropriate law enforcement agency, if needed.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*