

Educational Scholarship Account (ESA)

2020 -2021 School Year

Parent/Guardian Application Responsibilities

<p><i>For Office Use Only</i> Date Application Received: _____ Received by: _____ Control Number Assigned: _____</p>

Per the **Equal Opportunity for Students with Special Needs** Miss. Code Ann. § 37-181-5, in order for an eligible student to qualify to participate in the ESA program the parent or legal guardian **MUST** agree to the following statements listed below.

Please initial by each item signifying you agree to abide by the statements below if your child is awarded the ESA.

- I agree to provide an organized, appropriate educational program with measurable annual goals and to provide an education for my student in at least the subjects of reading, grammar, mathematics, social studies and science;
- I agree 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;
- I agree to not enroll my participating student in a public school and to acknowledge that the eligible school 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 ESA program;
- I agree 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;
- I agree 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.
- I agree to 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 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