

**Educational Scholarship Account (ESA)  
Participating School Assurances Form  
2023 - 2024**

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 school that the ESA recipient is attending **MUST** agree to the following statements listed below.

Please check each item signifying that you agree to abide by the statements listed below upon enrolling and accepting a student with an Educational Scholarship Award.

- I agree to provide notice to a participating student's home school district when the eligible student enrolls in the eligible school with an ESA.
- I agree to provide the parent or guardian who submitted the ESA program application with an original itemized receipt, including the service provider's name and address, for all qualifying expenses.
- I agree to ensure that students are treated fairly and kept safe, by complying with the nondiscrimination policies set forth in 42 USCS 1981.
- I agree to participate in ongoing meaningful consultation with the school district where my school is located to discuss how the school district will provide equitable services to parentally-placed private school students with disabilities, including children enrolled with an ESA.
- I agree to prior to enrolling a student with an ESA to provide parents with details of the school's programs, record of student achievement, qualifications, experience, and the capacity to serve the participating student's individual needs.
- I agree to comply with all health and safety laws or codes that apply to nonpublic schools.
- I agree to hold a valid occupancy permit if required by my municipality.
- I attest that I have no public record of fraud or malfeasance.
- I agree to administer a pre-assessment to students at the beginning of the school year and a post- assessment at the end of the school year. (The school shall have the option to select their assessment used to demonstrate academic progress.)
- I agree to notify a parent or guardian applying for the ESA program that the parent or guardian waives the right of the participating student to an individual entitlement to a free and appropriate public education (FAPE) from their home school district, including special education and related services, for as long as the student is participating in the ESA program.
- I agree to conduct criminal background checks on employees and exclude from employment any person not permitted by state law to work in a nonpublic school.
- I agree to exclude from employment any person who might reasonably pose a threat to the safety of students.
- I agree that upon enrollment of a participating student that the school shall provide supports to meet the individual needs of the student.
- I agree to submit individual results of the pre-assessment and post-assessment or benchmark assessments, screening and diagnostic test, or other standardized measure that was used to assess student progress to the parent at the end of the school year.

**Signature of School Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Name and Control Number** \_\_\_\_\_