



INDIANA CHOICE SCHOLARSHIP PARENT AGREEMENT

State Form 54719 (6-11)
DEPARTMENT OF EDUCATION

I _____ understand and agree to the following:

Printed name of Parent / Guardian

- The information provided in this application is true and correct. Any misrepresentation could result in termination of the student's enrollment in the Choice Scholarship program.
- The information provided will be used only to administer the Choice Scholarship program.
- I have supplied the participating school with any additional documentation required by the school.
- I have submitted only one Choice Scholarship application for the student and have decided which school the student would attend if approved for a scholarship.
- I may be required to pay additional tuition or other fees as prescribed by the school.
- The statutory protection for failure to pay fees under Indiana Code 20-33-5-11 does not apply to private schools, and the student will be subject to the individual school's policy regarding failure to pay if the student attends a private school.
- I will sign all scholarship disbursement forms from the school in a timely manner for the State of Indiana's payments of the student's Choice Scholarship. I understand that if I fail to do so, I will be responsible for the payment.
- If the student transfers to another school, I understand the scholarship will not transfer to the new school and s/he will not be eligible for another scholarship until the beginning of the next school year.
- I will inform the Indiana Department of Education and the participating school of any change in the student's residential address or custody status.
- I will not be able to renew the student's scholarship if any of the following apply:
 - The student's household moves outside Indiana;
 - The school loses its authorization from the Indiana Department of Education to participate in the Choice Scholarship program;
 - The student fails to take all of the statewide tests / assessments required for his/her grade level;
 - I fail to complete the renewal process; or,
 - The student's household income exceeds the limits provided by Indiana law.

I authorize the school administrator / designee listed below to submit this application to the Indiana Department of Education on behalf of the student.

Signature of parent / guardian

Date (*month, day, year*)

FOR SCHOOL USE ONLY

As the administrator responsible for student admissions, I have reviewed the student application and have concluded that, to the best of my knowledge, it is accurate and complete; I attest that documents verifying income and residency are on file at the school and that the student has been accepted for admission pending approval of a Choice Scholarship.

Based on the information provided by the parent or guardian, the student is eligible.

Yes No

Signature of school administrator or designee

Date of signature (*month, day, year*)

Printed or typed name of school administrator or designee