

Carson Smith Special Needs Scholarship Student Application (2017-2018)

Part A. General Information (To be completed by the parent or guardian.)

Student Name:		Parent/Guardian Name:		
Student Birth Date (mm/dd/yyyy):		Student Age:		Gender:
Address:		City:		State: Utah Zip:
Parent Email:				
Phone numbers including area code:	Home:		Work:	Cell:
District of Residence:		Previous School Attended:		Select one of the following: <input type="checkbox"/> Public <input type="checkbox"/> Private
Name of Eligible Private School:				
Student Grade Level for 2017-2018:			Kindergarten Only: Select one of the following: <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	
Reason(s) for Academic or Functional Concern (Developmental, Behavioral, Emotional):				

Part B. Eligibility Checklist (To be completed by the parent or guardian.)

Refer to the application instructions for a list of acceptable proof and documentation for each item. Please include all of the following for submission:

- I have attached 2 forms of proof of Utah residency from the approved list.
- I have attached proof of student age (photocopy of birth certificate or Utah Identification Card).
- I have attached documentation of enrollment in or admission to an eligible private school.

Part C. Acknowledgment and Authorization (To be completed by the parent or guardian.)

Utah Code Sec. 53A-1a-704(5)(a) requires that the following statements be acknowledged by the parents:

Please initial each item below:

- ___ 1. A private school may not provide the same level of special education services that are provided in a public school.
- ___ 2. I will assume full financial responsibility for the education of my student if I accept this scholarship.

___ 3. Acceptance of this scholarship has the same effect as a parental refusal to consent to services pursuant to Section 614(a)(1) of the Individuals with Disabilities Education Act. (20 U.S.C. Sec. 1400 et seq.)

___ 4. My child may return to a public school at any time.

___ 5. I have been explained and understand the capacity of the private school to address the special needs of my student.

I authorize the previous district or charter school and the eligible private school to provide all necessary information to the Utah State Board of Education in order to process this application.

Signature of Parent/Guardian: _____ Date: _____



Parents: Stop here! See instructions below to determine where to take this application.

Submit this form to the Special Education Department of the Local Education Agency (LEA) where your student is currently enrolled or was enrolled **in the previous school year.**

- If your student was at a charter school, the school they attended is the LEA.
- If your student was at a district school, the LEA is the district office of the district they last attended.
- If your student did not attend public school during that time, submit the application to the school district in which the private school is geographically located.

Part D. To be completed by the Local Education Agency (LEA).

The application must be date stamped by the LEA. The LEA must forward this application and all required documents to the Utah State Board of Education **within 10 days** of receipt. (R277-602-4(1)(a))

1. Was the student enrolled in an LEA during the previous or current school year?	Select one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to #1 is No, STOP and sign. Assessment Team Meeting required.*	
2. What is the student's SSID Number?	
Does the student have a qualifying IDEA disability and a current IEP?	Select one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to #2 is No, STOP and sign. Assessment Team Meeting required.*	
3. Latest re-evaluation date on IEP :	Classification:
List Specific Accommodations Needed:	
4. The average amount of special education and related services as determined by the most recent IEP is: Kindergarten through 12 th Grade, select <input type="checkbox"/> 179 min or less per day <input type="checkbox"/> 180 min or more per day one of the following: Preschool, select one of the following: <input type="checkbox"/> 89 min or less per day <input type="checkbox"/> 90 min or more per day	
LEA Signature: _____ Date: _____	
Name: (Please print) _____ LEA Name: _____	