

## Carson Smith 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: <b>Utah</b>	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 (District/Charter) <input type="checkbox"/> Private	
Name of Eligible Private School:			
Student Grade Level for 2017-2018:		<b>Kindergarten Only:</b> 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 <b>previous or current</b> school year?	Select one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to #1 is No, STOP and sign below. Assessment Team Meeting required.*</b>	
2. What is the student's <b>SSID Number</b> ?	
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
<b>If the answer to #2 is No, STOP and sign below. Assessment Team Meeting required.*</b>	
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 <sup>th</sup> Grade, select one of the following: <input type="checkbox"/> 179 min or less per day <input type="checkbox"/> 180 min or more per day 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: _____