

# Carson Smith Scholarship Program

## Parent/Guardian Change Form

**All portions of this form must be filled out by the student's parent/guardian.**

### Part A. General Information

Please provide complete and accurate information in this section and print the information **clearly**. The name(s) that appears in the "Name of Parent/Guardian" box will be the only person(s) allowed to endorse the scholarship check.

Name of Student	Name of Private School
Student Date of Birth	District of Residence
Name of Parent/Guardian #1	Name of Parent/Guardian #2
Street Address:	Street Address:
City:	City:
State: Utah	State: Utah
Zip:	Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

### Part B. Eligibility

Two forms of proof of Utah residency are required for each parent/guardian above. Each form must show full name and current address. See website for list of acceptable forms.

**Part C. Acknowledgment and Authorization**

Utah Code Sec. 53A-1A-704(5)(A) requires that the following statement be acknowledged by applicants.

Parents acknowledge that:

\_\_\_\_\_ A private school may not provide the same level of special education services that are provided in a public school.

\_\_\_\_\_ I will assume full financial responsibility for the education of my scholarship student if I accept this scholarship.

\_\_\_\_\_ 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.

\_\_\_\_\_ My child may return to a public school at any time.

\_\_\_\_\_ Parent will notify the Utah State Board of Education (USBE) within 10 days of the Carson Smith Scholarship student’s last day of attendance at the private school (53A-1a-704(6)).

\_\_\_\_\_ Parent understands that USBE may crosscheck the Carson Smith Scholarship student’s enrollment in other public school programs (53A-1a-704(7)).

\_\_\_\_\_ Parent will not enroll the student in a public school dual enrollment program (53A-1a-704(8)).

\_\_\_\_\_ Parents acknowledge that the selected school is qualified and capable of providing the level of special education services required for the student and has been determined eligible to receive the Carson Smith Scholarship students.

Signature of primary parent:

Date:

\_\_\_\_\_  
Signature of secondary parent:

\_\_\_\_\_  
Date:

Sign and mail this Carson Smith Scholarship Parent/Guardian Form, proof of guardianship and residency to:

Utah State Board of Education  
Carson Smith Scholarship Program  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, Utah 84114-4200