



INDIANA CHOICE SCHOLARSHIP PARENT AGREEMENT

State Form 54719 (R / 12-13)
DEPARTMENT OF EDUCATION

I, _____, the parent / guardian of

Printed name of parent / guardian

_____ understand and agree to the following:

Printed name of student

- 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