

Education Freedom Accounts (EFA)

Private School Application (Succeed Scholarship participants: 2022-2023 School Year)



Congratulations - as a Succeed Scholarship participant in the 2022-2023 school year, your school qualifies for the Education Freedom Accounts for 2023-2024! Please complete this form & return to the Arkansas Department of Education to finalize your involvement:

ADE.EFA@ade.Arkansas.Gov

OR

Education Freedom Accounts

4 Capitol Mall

Box 23

Little Rock, AR 72201

Name of School: _____

School Contact Person: _____

Title: _____

Email: _____

A1. Please **attach a tuition schedule for the 2022-2023 and 2023-2024 school years.**

A2. Please **attach an academic calendar** for your school for the 2023-2024 school year.

A3. Please indicate the general application dates for your school (or type "N/A" if rolling):

Application opens: _____ Application closes: _____ Decisions released: _____

A4. Please **attach an itemized list of all required student expenses and the vendors/service providers your school uses** for these expenses (e.g., uniforms, laptop, etc.).

B1. Please verify that your school shall comply with all applicable health and safety laws and rules. Schools shall also complete background checks and fingerprinting for any employee working in the private school and maintain a background check for all employees for audit purposes. Employment should be denied or terminated if an employee fails to meet the screening standards.

I verify that the school meets all requirements and maintains such an environment.

Initial: _____

B2. Please verify that your school will exclude any individual from employment who may reasonably pose a risk to the appropriate use of Education Freedom Account funds disbursed.

I verify that the school will only employ individuals that do not pose a risk to appropriate use of funds.

Initial: _____

B3. Please verify that your school will hold valid occupancy of buildings as required by the relevant municipality in which the private school is located.

I verify that the school will hold valid occupancy as required by the municipality.

Initial: _____

B4. Please affirm that your school shall provide annually for a student participating in the Education Freedom Accounts to take an assessment approved by the State Board of Education, including an examination identified by the state board that is required for students attending public schools or a state board-approved, nationally recognized norm-referenced test or statewide assessment (which measures at a minimum literacy and math).

A participating student who has an individualized service plan and is determined by a participating private school to need an exemption from standardized testing due to the existence of a significant cognitive disability is not required to take the test. However, the private school shall annually make provision for the student to take an alternate assessment approved by the state board or prepare a portfolio providing information on a student's progress to the student's parent or guardian.

I affirm that the school will administer such standardized tests annually and that the school will accommodate students with disabilities that exempt them from standardized testing.

Standardized test(s) used: _____

Initial: _____

B5. Please affirm that your school will notify the State Board of Education or its designee if any student participating in the Education Freedom Accounts ceases to be enrolled in or regularly attend the school for any reason.

- I affirm that the school will notify the State Board of Education or its designee if any student participating in the Education Freedom Accounts ceases to be enrolled in or regularly attend the school.
- I affirm that the school will confirm a list with the Arkansas Department of Education of EFA approved students enrolled in your school for the 2023-2024 school year by August 18, 2023 and on a quarterly basis thereafter.
- I understand that my school is only eligible to receive payment for the cost of tuition associated with the days when a participating student is enrolled in and attending the school. EFA funds are awarded to schools 4 times a year. If a student unenrolls early in a quarterly period and the fund disbursement has already been made to the school, the school must return these excess funds to the ADE. A determination of the amount that needs to be returned will be made by the ADE (a pro-rated calculation will be made). Any outstanding amount owed by the family as determined by school policy is to be handled between families and schools.

Initial: _____

B6. As a Succeed Scholarship participating school, please verify that your school will comply with all requirements of service providers as previously agreed to in the Succeed Scholarship Program and to requirements of private schools for the Arkansas Education Freedom Accounts, as outlined by Subchapter 25 of the Arkansas LEARNS Act (available [here](#), beginning on page 82)

- I verify that the school will comply with requirements of participating service providers of the Education Freedom Accounts.

Initial: _____

Note: Please type your full name below to record your signature.

Signature: _____ **Date:** _____

**Please ensure all required documentation is submitted with the application.
Incomplete applications and applications submitted without required
documentation will require follow-up communication.**