

Arkansas' Education Freedom Accounts (EFA)

Student Application,
2023-2024 School Year



Complete this form & return to the Arkansas Department of Education at:

ADE.EFA@ade.Arkansas.Gov

OR

Education Freedom Accounts

4 Capitol Mall

Box 23

Little Rock, AR 72201

Note: *Students will be accepted on a rolling basis until August 1. After August 1, students may be accepted on a one-off basis pending program funding availability.*

Section A: Student Personal Information

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Section B: Parent / Guardian Personal Information

Last Name: _____ First Name: _____

Phone #: _____ E-Mail: _____

Check here if parent/guardian address is the same as student's address. If different, please provide parent/guardian address:

Address: _____

City: _____ State: _____ Zip: _____

Section C: Student Qualification Verification

(Type / write your initials for each statement)

1. I verify that my child/ward has a parent who is a resident of the State of Arkansas (physically present and maintain a permanent place of abode for an average of no less than four (4) calendar days and nights per week for a primary purpose other than school attendance)

Initials: _____

2. I verify that my child/ward is eligible to enroll in a public elementary or secondary school in the state of Arkansas

Initials: _____

Section D: Student Eligibility Verification

(Type / write your initials for next to your selection(s). Please choose at least one. Required documentation to be included with this application is identified on page 7/8 of the application packet)

1. I verify that my child/ward has been identified as a child with a disability in accordance with the Individuals with Disabilities Education Act (IDEA). I am enclosing one or more of the following documents to verify: district testing within the last 3 years identifying an IDEA disability, an Individualized Education Program (IEP), or doctor's note certifying IDEA disability.

Initials: _____

2. I verify that my child/ward is a foster child or a former foster child

Initials: _____

3. I verify that my child/ward is the child of a member of active-duty military personnel. I am enclosing proof of active duty under Title 10 or Title 32 orders.

Initials: _____

4. I verify that my child/ward is a student who is considered homeless (as defined as lacking a fixed, regular, and adequate nighttime residence)

Initials: _____

5. I verify that my child my child/ward is currently participating in the Succeed Scholarship Program

Initials: _____

6. I verify that my child/ward was enrolled in the 2022-2023 school year at a public school that has a rating of "F" under State Board of Education rules. I am enclosing proof of enrollment.

School District: _____

School name: _____

Initials: _____

7. I verify that my child/ward was enrolled in the 2022-2023 school year at a public school district classified as in need of Level 5 — Intensive support. I am enclosing proof of enrollment.

School District: _____

School name: _____

Initials: _____

8. I verify that my child/ward is enrolling in kindergarten for the first time

Initials: _____

Section E: Private School Application Information

(Please initial ONE of the following statements)

1. I verify that my child/ward has been admitted to (and plans to attend) the following private school for the 2023-2024 school year:

Private School Name: _____

2. I confirm that my child/ward has applied to (or intends to apply to) one or more private schools for the 2023-2024 school year but has not yet decided where to attend (please list all schools of interest):

Private School Name(s): _____

Section F: Other Affirmations

(Please initial each statement to acknowledge that you have read and understand each affirmation.)

1. I affirm that I have signed a waiver that releases 1) the State of Arkansas and 2) the resident school district from any legal obligation to provide services or education to my child/ward except 1) for funding provided through the EFA and 2) to provide services or education. The signed waiver is attached.

Initials: _____

2. I affirm that I will notify the State Board of Education or the State Board of Education's designee if my child/ward ceases to be enrolled in or regularly attend the above-named private school for any reason.

Initials: _____

3. I affirm that I will annually certify my child's/ward's private school of attendance and intent to maintain enrollment in the private school they attend with the Arkansas Department of Education *in order to continue the disbursement of EFA payments.*

Initials: _____

Section G: Written Acknowledgements

(Please initial each statement to acknowledge that you have read and understand each affirmation.)

1. Pursuant to the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1412(a)(10)(A), a child with a disability placed by his or her parent(s) or legal guardian(s) in a private school does not have an individual right to receive special education and related services that the child/ward would receive if enrolled in a public school. Additionally, public schools are not required to provide a free appropriate public education to students with disabilities enrolled by their parent(s) or legal guardian(s) in a private school.

By enrolling my child/ward in a private school, my child/ward and I are no longer entitled to the procedural safeguards granted by IDEA, including notice and discipline procedures.

I understand and acknowledge the foregoing statement.

Initials: _____

2. By enrolling my child in a private school, I understand that neither I nor my child/ward has the right to file a state complaint, except for child find, 20 U.S.C. § 1412(a)(10)(A).

I understand and acknowledge the foregoing statement.

Initials: _____

3. By enrolling my child in a private school, I understand that neither I nor my child/ward has the right to a due process hearing for alleged violations of IDEA, except for child find, 20 U.S.C. § 1412(a)(10)(A).

I understand and acknowledge the foregoing statement.

Initials: _____

4. I sign and submit this application freely and voluntarily, without inducement, assurance or guarantees being made to me.

I understand and acknowledge the foregoing statement.

Initials: _____

5. I understand that awarding of the Education Freedom Accounts is contingent upon available funding.

I understand and acknowledge the foregoing statement.

Initials: _____

Section H: Signature

By typing my full name in the signature line below, I understand that I am signing this application electronically. I further understand and agree that my electronic signature is the legal equivalent of my handwritten signature on this application.

Signature: _____

Date: _____

(Type or sign full name here)

Application Completion Checklist

- Initialed Blocks: Section F and G
- State / Resident School District Waiver Form Attached
- Eligible Criteria Initialed
- Eligibility Document(s) Attached (*more info below*)
- Electronic / Written Signature

Eligible Documentation

Please ensure **both** 1) Parent residency and 2) Student eligibility to enroll in Arkansas public school (K-12) have been properly documented:

Parent residency	<p><u>Proof of address in Arkansas</u></p> <p>One of the following: 1) AR state ID; 2) property tax receipt; 3) utility bill; 4) voter registration card; 5) bank / credit card statement; etc.)</p>
Student eligibility to enroll in Arkansas public school (K-12)	<p><u>Students currently or previously enrolled in the Arkansas public school system:</u></p> <p>1) Student Social Security Number provided in Section A</p> <p>OR</p> <p>2) Nine-digit student identifier number designated by the Department of Education Please type / write number here:</p> <p style="text-align: right;">_____</p> <p><u>Students who have not been enrolled in the Arkansas public school system:</u></p> <p>One of the following: 1) birth certificate; 2) statement by the local registrar or a county recorder certifying the child's date of birth; 3) attested baptismal certificate; 4) passport; 5) affidavit of the date and place of birth by the child's parent / legal guardian; 6) previous school records; 7) United States military identification</p>

Eligible Documentation (continued)

Please ensure at least **one** of the below criteria have been documented (based upon eligibility indicated in Section D), if additional documentation is required

Disability (IDEA)	One of the following: 1) Individualized Education Program form (IEP); OR 2) proof of school district testing within the last 3 years certifying an IDEA disability; OR 3) doctor note certifying an IDEA disability
Child/ward of active-duty military personnel	Proof of active-duty military service under Title 10 or Title 32 orders
Foster care (current or former)	No documentation submission needed at this time <i>(Note: The Arkansas Department of Education will attempt to verify this status using internal information. However, the ADE reserves the right to contact parents/guardians to request additional information as needed)</i>
Homelessness	No documentation submission needed at this time <i>(Note: The Arkansas Department of Education will attempt to verify this status using internal information. However, the ADE reserves the right to contact parents/guardians to request additional information as needed)</i>
Succeed Scholarship participation (2022-2023 school year)	No documentation submission needed
Attendance at an F-rated public school OR Level 5 district (2022-2023 school year)	One of the following: 1) attendance records OR 2) report card OR 3) signed letter from school
First-time Kindergarten student	No additional documentation submission needed (covered by other required information / documents)