

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)

EDUCATION FREEDOM ACCOUNTS WAIVER FORM
STATE OF ARKANSAS AND RESIDENT SCHOOL DISTRICT

(Do not modify/revise form)

Arkansas Code Annotated § 6-41-904 and § 6-41-704, requires that parents and guardians of students participating in the Education Freedom Account Program sign a waiver acknowledging that the 1) State of Arkansas and 2) resident school district is under no obligation to provide services or education to their children except for 1) funding provided specifically for the Program and 2) services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.*, during the time the parent or guardian chooses to enroll their children in private school.

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the State of Arkansas is under no obligation to provide services or education to the child(ren) listed below except for funding provided specifically for the Education Freedom Account Program during the time I choose to enroll my child(ren) in private school.
- 4) As of the date I sign this waiver, I hereby acknowledge that the resident school district is under no obligation to provide services or education to the child(ren) listed below except for services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* during the time I choose to enroll my child(ren) in private school.

Please print clearly and legibly. Give student's Legal Name.

STUDENT FIRST, MIDDLE, & LAST NAME	DATE OF BIRTH

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

Signature of Parent/Guardian

Date

Address:

Street and/or Route Number

Phone #

City, State ZIP