



**Education Freedom Account (EFA)  
Student Application  
2024-2025 School Year**

Please complete this form and return it to the Arkansas Department of Education  
via:

Email: [ADE.EFA@ade.arkansas.gov](mailto:ADE.EFA@ade.arkansas.gov)

OR

Postal Mail:

Education Freedom Account  
Attn: Office of School Choice  
4 Capitol Mall, Box 23  
Little Rock, AR 72201

*Please Note: Applicants will be reviewed continuously and as funding is available.*

**Section A: Student Personal Information**

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_

Sex:  Male or Female  Current Grade (2024-2025): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AR Zip: \_\_\_\_\_

Please select the race of the student. *(please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> White (non-Hispanic)             | <input type="checkbox"/> African American (non-Hispanic) |
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Asian                           |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino/Spanish         |
| <input type="checkbox"/> Multiple Races                   | <input type="checkbox"/> Prefer not to Share             |

Please select the ethnicity of the student. *(please check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Not Hispanic/Latino/Spanish | <input type="checkbox"/> Hispanic/Latino/Spanish |
| <input type="checkbox"/> Prefer not to share         | <input type="checkbox"/> Unknown                 |

**Section B: Parent / Guardian Personal Information**

*Please write one individual name in each field.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AR Zip: \_\_\_\_\_

### Section C: Student Eligibility Requirements

*(Type / write your initials for each statement; please attach the requested documentation.)*

1. I verify that my child/ward has a parent who is a resident of the State of Arkansas (physically present and maintains 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) *(To confirm proof of residence please provide one of the following: utility bill or property tax bill, current Arkansas Driver's License or State Issued ID.)*

Initials: \_\_\_\_\_

2. I verify that my child/ward is eligible to enroll in a public elementary or secondary school in the state of Arkansas *(To confirm eligibility to enroll in public school, please provide one of the following: birth certificate, baptismal certificate, report card, attendance record, or passport.)*

Initials: \_\_\_\_\_

### Section D: Program Eligibility Categories

*(Please choose one category and type / write your initials. Please review each category for required documentation.)*

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: *a) district testing within the last 3 years identifying an IDEA disability, b) an Individualized Education Program (IEP), or c) the EFA Medical Diagnosis form signed by a medical professional.*

If you are applying using IDEA eligibility categories, please check the category that would best describe your child *(If this section does not apply to your child, please check N/A).*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Autism             | <input type="checkbox"/> Emotional Disturbance   | <input type="checkbox"/> Other Health Impairment        | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf-Blindness     | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability   | <input type="checkbox"/> Visual Impairment      |
| <input type="checkbox"/> Deafness           | <input type="checkbox"/> Multiple Disabilities   | <input type="checkbox"/> Speech and Language Impairment | <input type="checkbox"/> N/A                    |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment   |   |   |

Initials: \_\_\_\_\_

2. I verify that my child/ward is a current or former foster child. *(To confirm foster status, please provide one of the following: proof of foster home placement from DHS or a similar agency, court orders, or adoption decree.)*

Initials: \_\_\_\_\_

3. I verify that this child has a parent or guardian who is an active-duty member or veteran of a uniformed military service. I am enclosing proof of current or former military status. *(To confirm current or former military/armed services status, you may provide a statement of earnings, active deployment orders, or DD-214.)*

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; must meet the [McKinney-Vento definition](#) of homelessness. Applications will be reviewed on a case-by-case basis.)*

Initials: \_\_\_\_\_

5. I verify that my child /ward participated in the Succeed Scholarship Program in the 23-24 school year. *(Please note that if your child cannot be confirmed as a Succeed Scholarship recipient, the application will be returned to the parent/guardian to select another category.)*

Initials: \_\_\_\_\_

6. I verify that my child/ward was enrolled in the 2023-2024 school year at a public school that has a rating of "D" or "F" or is classified as Level 5 -Intensive Support under State Board of Education rules *(To confirm proof of enrollment, you may attach a report card or unofficial transcript.)*

School District: \_\_\_\_\_

School name: \_\_\_\_\_

Initials: \_\_\_\_\_

7. I verify that my child/ward is enrolling in kindergarten *(private school applicants only)*  
*please note: There is a date requirement for first-time kindergarten students. Per [state law](#), a child/ward must be aged five (5) by August 1<sup>st</sup> or no older than six (6) by October 1<sup>st</sup> of the current year.*

Initials: \_\_\_\_\_

8. I verify that my child/ward is enrolling in the 1<sup>st</sup> grade *(private school applicants only)*.

Initials: \_\_\_\_\_

9. I verify that my child/ward is the child of a member of a law enforcement agency as recognized by the federal or state government. *(To confirm your status as a member of a federal or state-recognized law enforcement agency, please attach a copy of your ID badge or check stub.)*

Initials: \_\_\_\_\_

10. I verify that my child/ward is the child of a first responder as defined by [34 U.S. Code § 10705](#), which includes a “firefighter, law enforcement officer, paramedic, emergency medical technician, or other individual (including an employee of a legally organized and recognized volunteer organization, whether compensated or not), who, in the course of his or her professional duties, responds to fire, medical, hazardous material, or other similar emergencies.” (To confirm your status as a first responder, please attach a pay stub or ID badge with this application.)

Initials: \_\_\_\_\_

### Section E: Statement of Educational Intent

(Please select ONE of the following categories and confirm educational setting for previous school year)

1. I verify that my child/ward has been admitted to (or plans to attend) the following private school for the 2024-2025 school year:
  - Private School Name: \_\_\_\_\_
  
2. I confirm that my child/ward has filed (or intends to) the [Notice of Intent to Homeschool](#).  
(please note: Notice of Intent to Home School must be filed between June 15 and August 15).
  
3. For the 2023-2024 school year, what type of school did your child attend? (please check one of the following).
  - Public School
  - Charter School
  - Private School
  - Home School
  - Did not attend school or in pre-k program

## 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 the State of Arkansas and the resident school district from any legal obligation to provide services or education to my child/ward except for funding provided through the EFA and to provide services or education. The signed waiver is attached.

Initials: \_\_\_\_\_

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

Initials: \_\_\_\_\_

3. I affirm that I will annually certify my child's/ward's private school of attendance or homeschool and intend 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 or home 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 or home school.

By enrolling my child/ward in a private school or home 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. I understand and acknowledge, by enrolling my child in a private school or Home 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 or choosing to homeschool as their educational option, 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 I: Signature

*By typing or signing my full name in the signature line below, I am submitting this application freely and voluntarily, without a guarantee or promise being made to me. I understand that by signing this application electronically, my electronic signature is the legal equivalent of my handwritten signature on this application.*

Signature: \_\_\_\_\_

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

Section J: 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 write clearly and legibly. Write the student's name as it is shown on their birth certificate, passport, or baptismal certificate.**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AR Zip: \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Please write an "x" in the box if the address is the same as listed above.

If the address is different, please write it here:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AR Zip: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_