



# FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 522, Tallahassee, FL 32399-0400

Fax: 1-850-245-0875 Email: [schoolchoice@fldoe.org](mailto:schoolchoice@fldoe.org)

School Choice Information Hotline: 1-800-447-1636



## MILITARY WAIVER REQUEST

### John M. McKay Scholarship for Students with Disabilities Program

- Instructions:
1. Complete the first 3 sections and fax, mail or email to this office.
  2. Fax or mail a copy of your Permanent Change of Station Orders to this office.
  3. Fax or mail a copy of the IEP to the school district where your child will be attending.

#### STUDENT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Current Grade \_\_\_\_\_ Gender Male  Female

Race (optional) White, Non Hispanic  Black, Non Hispanic  Hispanic  Asian or Pacific Islander   
 American Indian/Alaskan Native  Multiracial  Other

Last Out-of-State School Attended \_\_\_\_\_ Location \_\_\_\_\_

Current school, if different \_\_\_\_\_ Location \_\_\_\_\_

Date of student's move to Florida \_\_\_\_\_

Does the student have an Individual Education Plan (IEP)? Yes  No  Primary Exceptionality \_\_\_\_\_

#### QUALIFYING PARENT/GUARDIAN (The parent or guardian on active duty.)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Reassignment Date \_\_\_\_\_

Was relocation to Florida a result of permanent change of station orders? Yes  No

#### CONTACT PERSON

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Request Submitted By \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Parent Contact \_\_\_\_\_ District Contact \_\_\_\_\_

Eligibility  Approved Entered by \_\_\_\_\_ Date \_\_\_\_\_ Confirmation # \_\_\_\_\_  
 Denied Reason \_\_\_\_\_