



# FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



## SCHOLARSHIP ISSUE FORM

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

Number of Pages Included: \_\_\_\_\_

Please attach a detailed summary of your complete request and/or documentation to this form and fax to the number listed below. Please do not fax copies of student IEPs. Thank you for your cooperation.

### Scholarship Program:

- ☐ John M. McKay Scholarship Program  
☐ Family Empowerment Scholarship Program

### Topic of Issue: (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Registration/Enrollment/Withdrawal Date Assistance  | <input type="checkbox"/> Website Problem                        |
| <input type="checkbox"/> Attendance Verification (see below*)  | <input type="checkbox"/> Student Transfers                      |
| <input type="checkbox"/> Request for Payment   | <input type="checkbox"/> Reenrollment in 12 <sup>th</sup> Grade |
| <input type="checkbox"/> Sept <input type="checkbox"/> Nov <input type="checkbox"/> Feb <input type="checkbox"/> Apr | <input type="checkbox"/> Grade correction                       |
| <input type="checkbox"/> Student Fee Schedule (please attach)  | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> School Fee Schedule (please attach)   |   |

### Private School Information

Private School: \_\_\_\_\_

School Code: \_\_\_\_\_ County (if applicable): \_\_\_\_\_

New Private School (if applicable): \_\_\_\_\_

School Code: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

### Student and Parent Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Last Public School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
Street Address City/State Zip Code

### \*For Attendance Verification

By signing below, you are affirming that the student was in attendance at your school for at least ten days during the payment period and had regular and direct contact with the private school teacher at your school's physical location. Daily student attendance records for the pay period must be attached.

Confirm Attendance and Regular Contact \_\_\_\_\_  
Signature of Private School Administrator

### REQUIRED FOR ALL TOPICS

Parent/Guardian  
Signature \_\_\_\_\_

### School Contact Information

Submitted by: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please indicate the reason for your change request. Please provide the documentation listed below to support the reason for change.

Scholarship IssueDocumentation\*

- |   |  |
|---|--|
| <input type="checkbox"/> Registration and Enrollment            | <ul style="list-style-type: none"> <li>• Daily attendance records from the student's first date of attendance to present. Please explain any attendance codes used (a=absent, p=present, x=tardy, etc).</li> <li>• Enrollment documentation</li> </ul> |
| <input type="checkbox"/> Attendance verification                | <ul style="list-style-type: none"> <li>• Daily attendance records. Please explain any attendance codes used (a=absent, p=present, x=tardy, etc).</li> </ul>  |
| <input type="checkbox"/> Request for payment                    | <ul style="list-style-type: none"> <li>• Please review the reconciliation report, online under "Forms," if the student <b>was</b> enrolled but did not receive payment.</li> </ul>   |
| <input type="checkbox"/> Student fee schedule                   | <ul style="list-style-type: none"> <li>• List of items you would like to add/delete to the student's fee schedule</li> </ul>   |
| <input type="checkbox"/> School Fee Schedule                    | <ul style="list-style-type: none"> <li>• List of items you would like to add/delete to the school's master fee schedule</li> </ul>   |
| <input type="checkbox"/> Website problem                        | <ul style="list-style-type: none"> <li>• Screen shot/description of the website problem you are experiencing</li> </ul>  |
| <input type="checkbox"/> Reenrollment in 12 <sup>th</sup> grade | <ul style="list-style-type: none"> <li>• Signed statement from parent (in addition to this form) attesting to the fact that the student is still enrolled in the school's program to obtain a diploma or high school equivalency</li> </ul>            |
| <input type="checkbox"/> Grade Correction/Retention             | <ul style="list-style-type: none"> <li>• Previous year report card/ transcripts</li> </ul>   |

\* Additional documentation may be requested.

- **For students under the John M. McKay Scholarship Program please fax or mail the completed Scholarship Issue Form (both pages) and accompanying documentation to the attention of your Regional Manager.**
- **For students under the Family Empowerment Scholarship Program please fax or mail the completed Scholarship Issue Form (both pages) and accompanying documentation to the attention of Claire Padgett.**

Fax: 850-245-0875

Mail: Office of Independent Education and Parental Choice  
325 W. Gaines Street, Room 1044  
Tallahassee, FL 32399-0400

