



STUDENT INFORMATION

Student Full Name, Student Full Address, Student DOB, MSIS ID, Entering Grade, Parent Full Name, Parent Full Address, Parent E-Mail Address, Phone

PREVIOUS SCHOOL INFORMATION

The information provided should reflect where the student has been in attendance for the 2021-2022 School Year.

District, School, Enrollment Date, Withdrawal Date

PROSPECTIVE SCHOOL INFORMATION

Information provided should reflect where the student will be in attendance for the 2022-2023 School Year.

PUBLIC SCHOOL section: District Name, Public School Name, Public School Phone, Enrollment Date

SPECIAL PURPOSE NON-PUBLIC SCHOOL section: Magnolia Speech School, Jackson; 3D School, Petal; Lighthouse Academy, Ocean Springs; School Phone, Enrollment Date

Required Documentation Must be Attached to this Application

The student has received an evaluation and has a diagnosis of dyslexia determined by a licensed psychometrist, psychologist, or speech language pathologist as specified in Miss. Code § 37-173-15. [Yes/No checkboxes]

Documentation of Acceptance and Enrollment into new school is provided. [Yes/No checkboxes]

I do hereby certify that all information provided by me in this application and the attached documents are true and correct to the best of my knowledge. I further understand that in the event I have knowingly and willfully made any false statements, my student will be immediately removed from the Dyslexia Therapy Scholarship program and all funds will be forfeited.

Parent/Legal Guardian Signature, Date

Please send the completed application and attachments (Certified Mail Return Receipt Requested) to:

Mississippi Department of Education
Office of Elementary Education and Reading
Attn: Dyslexia Scholarship
P.O. Box 771
Jackson, MS 39205

MDE Office Use Only
Date Received:
Date Notification Sent:
Reason for Denial: