



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 2020-2021 School Year.

District School
Enrollment Date Withdrawal Date

PROSPECTIVE SCHOOL INFORMATION

Information provided should reflect where the student will be in attendance for the 2021-2022 School Year.

PUBLIC SCHOOL
District Name
Public School Name
Public School Phone Enrollment Date

SPECIAL PURPOSE NON-PUBLIC SCHOOL
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

Documentation of Acceptance and Enrollment into new school is provided. Yes No

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: Approved Denied
Date Notification Sent:
Reason for Denial: