

<i>For Office Use Only</i>
<i>Date Received:</i> _____
<i>Received by:</i> _____
<i>Control Number Assigned:</i> _____

## Education Scholarship Account (ESA) Participating School Assurances Form 2024 - 2025

Per the **Equal Opportunity for Students with Special Needs** Miss. Code Ann. § 37-181- 5, in order for an eligible student to qualify to participate in the ESA program the school that the ESA recipient is attending **MUST** agree to the following statements listed below.

**Please check** each item signifying that you agree to abide by the statements listed below upon enrolling and accepting a student with an Education Scholarship Award.

- I agree to provide notice to a participating student's home school district when the eligible student enrolls in the eligible school with an ESA.
- I agree to provide the parent or guardian who submitted the ESA program application with an original itemized receipt, including the service provider's name and address, for all qualifying expenses.
- I agree to ensure that students are treated fairly and kept safe, by complying with the nondiscrimination policies set forth in 42 USCS 1981.
- I agree to participate in ongoing meaningful consultation with the school district where my school is located to discuss how the school district will provide equitable services to parentally placed private school students with disabilities, including children enrolled with an ESA.
- I agree to, prior to enrolling a student with an ESA, provide parents with details of the school's programs, record of student achievement, qualifications, experience, and the capacity to serve the participating student's individual needs.
- I agree to comply with all health and safety laws or codes that apply to nonpublic schools.
- I agree to hold a valid occupancy permit if required by my municipality.
- I attest that I have no public record of fraud or malfeasance.
- I agree to administer a pre-assessment to students at the beginning of the school year and a post-assessment at the end of the school year. (The school shall have the option to select their assessment used to demonstrate academic progress.)
- I agree to notify a parent or guardian that upon enrollment of their participating child, the parent or guardian waives the right of the participating student to an individual entitlement to a free and appropriate public education (FAPE) from their home school district, including special education and related services, for as long as the student is participating in the ESA program.
- I agree to conduct criminal background checks on employees and exclude from employment any person not permitted by state law to work in a nonpublic school.
- I agree to exclude from employment any person who might reasonably pose a threat to the safety of students.
- I agree that upon enrollment of a participating student that the school shall provide services and supports to meet the individual learning needs of the student.
- I agree to submit individual results of the pre-assessment and post-assessment or benchmark assessments, screening and diagnostic test, or other standardized measure that was used to assess student progress to the parent or guardian at the end of the school year.
- I agree to provide the Mississippi Department of Education (MDE), Office of Special Education (OSE) with participating students' participation and performance results of all AP exams and any exit exams related to college admissions (i.e. ACT and SAT).
- I agree to provide the MDE, OSE with the graduation rate and if known, the college acceptance rate for all participating students.

**Signature of School Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Name and Control Number** \_\_\_\_\_