



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 2025-2026 School Year.

District School Enrollment Date Withdrawal Date

PROSPECTIVE SCHOOL INFORMATION Information provided should reflect where the student will be in attendance for the 2026-2027 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 Innova Prep, Hattiesburg Lighthouse Academy, Ocean Springs The Canopy School, Ridgeland 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. Documentation of Acceptance and Enrollment into new school is provided.

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 Therapy Scholarship P.O. Box 771 Jackson, MS 39205 MDE Office Use Only Date Received: Approved Denied Date Notification Sent: Reason for Denial: