

MISSISSIPPI DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
EDUCABLE CHILD PROGRAM
P.O. BOX 771, SUITE 301
JACKSON, MISSISSIPPI 39205

INSTRUCTIONS FOR COMPLETING THE PARENT/GUARDIAN APPLICATION FORM: (DI-SE-F11)

General Directions:

- Please print or type.
- Complete all blanks or provide an explanation as to why it was left blank.
- For Session: Put in dates of current school year.

Section 1: INFORMATION PERTAINING TO STUDENT:

- Use child's legal name – DO NOT USE NICKNAME.
- Complete the Date of Birth, Age, Sex and Race.
- Complete Public School District of parent/guardian's residence.
- Provide parent/guardian name, relation to student, current address, phone number and email address. (if available)
- Provide the student's MSIS ID or Social Security Number. (Social Security Number optional)
- Provide the current date of eligibility located on the Determination of eligibility.
- Circle Type of Disability: This should be the same information as contained on the Determination of Eligibility.

Section 2: INFORMATION PERTAINING TO WHOM THE WARRANT SHOULD BE MAILED:

- Enter the name and address of Private/Parochial School.

Section 3: CERTIFICATION OF SCHOOL/FACILITY DIRECTOR OR DULY AUTHORIZED OFFICIAL

- Complete Name of school and address.
- Complete the Name of student being accepted to school/facility.
- Complete Date of services began and Date this school/facility session ends.
- Have the School Official sign and date the application.

NOTE: An incomplete application or missing documents will result in the application being returned for completion and will delay approval. Make sure all documents submitted are legible.

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PARENT/GUARDIAN APPLICATION for financial assistance when placing a child with a disability in private or parochial school. **(GREEN FORM)**

SESSION 20____ - 20____

APPLICATION MUST BE COMPLETE (Please Type or Print)

1. INFORMATION PERTAINING TO STUDENT

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Sex: _____ Race: _____
(Month) (Day) (Year)

Public school of parent/guardian's residence: District Name: _____

Parent/Guardian Name: _____ Relation to Student: _____

Address: _____
(Street, Route, Apt. No. and/or Box No.) (City) (State) (Zip)

_____ Phone Number: _____
(Email address of Parent/Guardian)

NOTE: If there is any change in legal parent, guardian or person standing IN LOCO PARENTIS; address; or school(s) attending; notify the MS Department of Education, Office of Special Education, immediately by submitting the change in writing.

MSIS NUMBER: _____ OR SSN NUMBER: _____

DATE OF CURRENT ELIGIBILITY: _____

TYPE OF DISABILITY (Circle the Child's Primary Disability)

- | | |
|---------------------------------|-----------------------------|
| 1. Intellectual Disability | 8. Other Health Impairment |
| 2. Specific Learning Disability | 9. Multiple Disabilities |
| 3. Language/Speech Impaired | 10. Autism |
| 4. Hearing Impaired | 11. Developmentally Delayed |
| 5. Visually Impaired | 12. Traumatic Brain Injury |
| 6. Deaf-Blind | 13. Orthopedic Impairment |
| 7. Emotional Disability | |

2. INFORMATION PERTAINING TO WHOM THE WARRANT SHOULD BE MAILED:

Name: _____

Address: _____

August 2025

3. CERTIFICATION OF SCHOOL/FACILITY DIRECTOR OR DULY AUTHORIZED OFFICIAL

Name of School: _____

Address: _____
(Street, Route and/or Box No.) (City/Town) (State) (Zip)

I, being the director or duly authorized official of the above-named private or parochial school, certify

that _____ has been accepted in our school, has a current eligibility
(Name of Student)

determination in accordance with State regulations, as well as an Educable Child Form for Parentally-Placed Students, has written parental permission to place, and is being provided appropriate special education and related services in accordance with regulations. Actual attendance in the special education program for this school session will be from: _____ - _____
(Date services began) (Date this school session ends)

I certify that the above-named private or parochial school has met all requirements of the Mississippi Department of Education in which the institution is located to provide educational services for children with disabilities. I understand that both an eligibility ruling and meeting to complete an Educable Child Form for Parentally Placed Students for this student must have taken place before any financial assistance may be obtained.

(Date)

(Signature and Title of Private School Official)