



Office of the Treasurer of State

Education Scholarship Account Program

101 W. Ohio Street | Suite 1450

Indianapolis, IN 46204

SPECIAL EDUCATION SERVICES SELECTION FORM

The Indiana Education Scholarship Account Program (ESA) requires participants to declare where they will be receiving special education services. The parent(s) of an Eligible Student (herein, "Parents") shall read and complete the following form.

The Parents hereby acknowledge, understand, and agree that the Eligible Student described at the bottom of this document and for whom an ESA account has been established for the upcoming school year will be receiving special education services from, ONE of the following options for the 2022-2023 school year:

- Public School (Local Educational Agencies (LEA))
 - Note: APC funds will go to the Public School and will not be available to the Eligible Student
- State Accredited Non-Public School
 - Note: APC funds will go to the State Accredited Non-Public School and will not be available to the Eligible Student through their ESA account. *The State Accredited Non-Public School must complete the information at the end of this form.*
- Other Non-Public School
 - Note: APC funds will be provided to student through their ESA account
- Educated at Home
 - Note: APC funds will be provided to student through their ESA account
- Other (please describe): _____
 - Note: APC funds will be provided to student through their ESA account
- It is my decision to REJECT the Indiana Education Scholarship Account Program, and continue my enrollment in the public-school corporation for special education services as well as general education services.

The Parents hereby acknowledge, understand, and agree that *the Parents* of the eligible student must upload this completed form in your Education Scholarship Account portal within 15 days. Failure to do so will cause your Eligible Student's Education Scholarship Account to be considered frozen and will not receive any distributions of funds until this completed form is submitted.

The Parents hereby acknowledge, understand, and agree that a student who intends to receive special education services from a State Accredited Non-Public School must also have the school complete the applicable section at the bottom this form.

The Parents hereby acknowledge, understand, and agree that should *the Parents* decide to change special education service provider, this may affect the total grant award amount. *The parents* wishing to make a change at any point in the school year must complete the SPECIAL EDUCATION SERVICES CHANGE FORM, and *the parents* of the Eligible Student upload it into the Education Scholarship Account Program portal within seventy-two (72) hours of making a change. Please contact an Account Specialist at esa@tos.in.gov in order to request this form and to unlock your account.



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STUDENT INFORMATION

Name of Student**STN****Date of Birth**

Student's Address (Street, City, State, and ZIP)

PARENT INFORMATION

Printed Name of Parent/Guardian/Emancipated Eligible Student

Date

Signature of Parent/Guardian/Emancipated Eligible Student

STATE ACCREDITED NON-PUBLIC SCHOOL INFORMATION (IF APPLICABLE)

The undersigned hereby acknowledges, understands, and affirms that the above-referenced student is attending the state accredited non-public school named below, and the state accredited non-public school will be providing special education services to the above-referenced student.

Printed Name of Authorized Representative

Date

Signature of Authorized Representative

Title of Authorized Representative

Name of School

School Number

Address of school (Number and Street, City, State, and ZIP Code) **Phone Number**