

Indiana Education Scholarship Account

101 W. Ohio Street Suite 1450
Indianapolis, IN 46204

Special Education Services Selection Form

Non-Public, State Accredited School

During your child's Education Scholarship Account application, you indicated you would like your child's/student's special education services delivered by the **Non-Public, State Accredited School**. Please complete below form to authorize the Treasurer of the State to pay your **Non-Public, State Accredited School** on your behalf.

Email completed form to: ESA@tos.in.gov

STUDENT INFORMATION

Name of Student

STN

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

NON-PUBLIC STATE ACCREDITED SCHOOL INFORMATION

Name of School

School Number

Printed Name of Authorized Representative

Date

Signature of Authorized Representative

Title of Authorized Representative