

School Name	Family Worship Christian Academy
Site Code	538001

Student Name	
Student Address	
Parent Name	
Parent Phone #	
Parent Email	

I, as a school administrator, acknowledge that the Department of Education shall remit Scholarship payments directly to the participating school which has enrolled the student and that the parent will not receive any Scholarship funds from the Department of Education, from any other state or local government agency, or from the participating school.

I acknowledge that by enrolling the student in a participating school, the parent/responsible adult is assigning the full value of the Scholarship funds for that student to that participating school.

I acknowledge that the Department of Education shall make payments of Scholarship funds directly to the participating school in four equal payments and that these four equal payments shall occur in September, November, February and May of each school year.

I acknowledge that Scholarship fund payments by the Department of Education to the participating school shall be based on the number of Scholarship students enrolled at the participating school.

I acknowledge that the number of Scholarship students at the participating school will be determined pursuant to Scholarship student counts, with the dates of the Scholarship student counts to be determined by the Department of Education.

I acknowledge that, once the student is enrolled in a participating school, the Department of Education will make payments of Scholarship funds to the participating school based on the number Scholarship students enrolled at the participating school as of the last Scholarship student count and will continue to make payments to the participating school based on that Scholarship student count until the next Scholarship student count.

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I acknowledge that, once the student is enrolled in a participating school, there shall be no refund of Scholarship funds if the student withdraws from the Scholarship program or is otherwise not enrolled in a participating school prior to the next student count date.

I acknowledge that, once the student is enrolled in a participating school, the parent agrees to notify the school if the student changes addresses. The school is responsible for notifying the Department within 5 business days of any address changes as well as notifying the Department if the student no longer attends the Scholarship school or transfers to another school.

Parent/Guardian hereby acknowledges that he/she has enrolled the student in the participating school of his/her own free will and that he/she has not been compelled to enroll the student in the participating school by the Department of Education or any other state or local educational agency or any other government agency.

_____	<u>08-10-2020</u>	<u><i>Alysia Richard</i></u>	<u>08-10-2020</u>
Parent/Guardian Signature	Date	Administrator Signature	Date

Instructions for form:

This form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/guardian has been informed by the school administration that payments will be made on behalf of the parent/guardian for each Scholarship award student as required by the statute.

- The parent/guardian must complete this form.
- The original signed form for each Scholarship recipient must be maintained in the student's cumulative folder upon enrollment.
- Compliance with this requirement is subject to audit. Therefore, this information must be retained for the duration of the student's enrollment plus three years, together with all other information related to the enrolled Scholarship award student.

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