

The **School Choice Program for Certain Students with Exceptionalities (SCP)** empowers families of students with certain exceptionalities with the financial resources to choose the school that will best address their students' needs. Please refer to the attached [Frequently Asked Questions](#) for further information.

INSTRUCTIONS
<p>Please follow these instructions to successfully complete and submit your school's Notice of Intent to Participate in the School Choice Program for Certain Students with Exceptionalities for the 2021-2022 School Year:</p> <ol style="list-style-type: none"> Review the Section I: School Eligibility Requirements Complete Sections II-IV to indicate information about your school and the seats your school will offer. Attach documentation requested in Section V – <i>Section V is only required for new SCS participants.</i> Review program assurances in Section VI and sign Section VII. Submit this form with any required documentation to nonpublicschools@la.gov by January 15, 2021 <i>The LDOE will release the student application at the end of January.</i>

SECTION I: SCHOOL ELIGIBILITY REQUIREMENTS
<p>To be eligible to participate in the program and accept eligible students for enrollment in the program, a nonpublic school shall meet all of the following criteria:</p> <ol style="list-style-type: none"> Approved Nonpublic School by the Board of Elementary and Secondary Education; Has provided educational services to students with exceptionalities for at least two years prior to participation; Employs teachers that hold appropriate certification in special education; and Complies with the non-discrimination criteria set forth in <i>Brumfield, et al. v. Dodd</i>. Operate in a parish with a recent census population greater than 190,000 persons: <ul style="list-style-type: none"> • Caddo • East Baton Rouge • Lafayette • St. Tammany • Calcasieu • Jefferson • Orleans

SECTION II: SCHOOL INFORMATION		
School Name	District/Parish Name	
Street Address		
Mailing Address (if different than above)		
Telephone Area Code/No.	Fax Area Code/No.	
Administrators Name	Title	E-Mail Address

SECTION III: 2021-2022 TOTAL PROGRAM SEATS AVAILABLE													
Instructions: Indicate the number of total students your school is willing to serve in each grade as part of this scholarship program and the annual tuition for that grade. Currently participating schools should include returning students.													
	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Seats Available													
Maximum Tuition & Fees													

SECTION IV: 2021-2022 SPECIAL EDUCATION SERVICES OFFERED BY GRADE

Instructions: Please mark with an "X" the exceptionalities your school is willing to serve at each grade level. Please only indicate exceptionalities that your school has served for at least two years.

	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Autism													
Developmental Delay													
Emotional Disturbance													
Mental Disability													
Other Health Impairment													
Specific Learning Disability													
Traumatic Brain Injury													

SECTION V: REQUIRED DOCUMENTATION

(Section V is only required for new SCP participants)

To participate in the School Choice Program for Certain Students with Exceptionalities, please attach and submit the following documentation with this Notice of Intent to Participate:

- 1) Your school's Special Education Policy
- 2) A redacted copy of an Individual Education Plan (IEP), district provided services plan, or a nonpublic school created service plan, that your school has provided accommodations for within the last two years; or, evidence that the school has provided educational services to students with exceptionalities for at least the last two years.
- 3) A copy of at least one teacher's certificate indicating your staff is certified to provide accommodations to the exceptionalities your school indicated in **Section IV: 2021-2022 Special Education Services Offered by Grade**.

SECTION VI: SCHOOL ASSURANCES

By participating in the School Choice Program for Certain Students with Exceptionalities, I agree to the following statements:

- I understand that in accordance with timelines as determined by the Department, each eligible nonpublic school choosing to participate in the program shall inform the Department of the types of students with exceptionalities as defined in R.S. 17:1942 that the school is willing to serve.
- I understand that each participating school will determine the number of eligible students it will accept in any year of program participation and may establish criteria for the enrollment of students.
- I understand that each participating school shall have discretion in enrolling eligible students for participation in the program and no school shall be required to accept any eligible student.
- I understand that no eligible nonpublic school shall require any student seeking to enroll and participate in the program to take an entrance examination.
- I understand that prior to enrollment, each eligible nonpublic school shall inform the parent or guardian of an eligible student all rules, policies, and procedures of such school including but not limited to academic policies and disciplinary policies and procedures.
- I understand that enrollment of an eligible student in the school shall constitute acceptance of such rules, policies, and procedures by the parent or guardian individually and on behalf of the eligible student.
- I understand that an eligible student may be expelled from the school in accordance with the school's discipline policies or may be disqualified from enrollment if the student is no longer eligible for the program as determined by the Department.
- I attest that the maximum tuition costs provided to the Louisiana Department of Education by this school on the *Intent to Participate Form* are accurate and represent the true costs charged by this school for tuition for school year 2021-2022.
- I agree to accept the value of the certificate, which shall be equivalent to 50% of the per pupil amount of state funds to the city, parish, or other local public school district in which the eligible student is residing for that school year, not to exceed the tuition charged by the eligible nonpublic school, as the only source of funds to be received from the State Department of Education.

- I understand that any cost of educational services above the amount of the certificate issued to the parent or guardian shall not be paid by the state.
- I attest that by signature on this document, as outlined in R.S. 17:4031 as a requirement for participation in this program, that this school has existed and provided educational services to students with exceptionalities, as defined in R.S. 17:1942 for at least two years prior to participation in the program.
- I further attest that by signature on this document, as outlined in R.S. 17:4031 as a requirement for participation in this program, this school has an established program in place for instruction of such students.
- I further attest that by signature on this document, as outlined in R.S. 17:4031 as a requirement for participation in this program, teachers providing instruction to students hold the appropriate certification in special education or other appropriate training as defined by the department and instruction is in accordance with a student's Individual Education Plan, district provided services plan or a nonpublic school created service plan; and rules and regulations developed as required in this section.

SECTION VII: AGREEMENT/SIGNATURE

I, the undersigned, am authorized to sign this form on behalf of the school as either sole owner or by appointment as administrator by the school's operating organization.

Administrator Signature

Date

This form must be received by the **Louisiana Department of Education no later than January 15, 2021**. The completed form should be scanned and e-mailed to nonpublicschools@la.gov.