



## Office of School Choice

# School Choice Program Decline Award Form

Families seeking to decline a Scholarship award must complete this form together with the awarding school. In order to decline an award, families must:

- Complete and sign this form acknowledging that they understand:
  - the student's scholarship award will be removed, and
  - their student will no longer be eligible to participate in the School Choice Program for the remainder of the school year
- Submit this form to their current SCP school. The current SCP school will submit the completed form to LDOE at [studentscholarships@la.gov](mailto:studentscholarships@la.gov).

Once the award has been removed it cannot be reinstated or transferred to another participating school. **If a family declines an award, they must re-apply in the fall in order to be eligible for any scholarships awarded in the upcoming years.**

The family must sign this form acknowledging that they understand they are willingly choosing not to participate in the SCP program for the current school year and must reapply if they would like to be considered for any future scholarship awards. A school representative must also sign the form acknowledging that they have informed the family of the stipulations of declining a scholarship award.

<b>Student Name:</b>	<b>Student Date of Birth:</b>	<b>Last 4 Digits of SSN:</b>
<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Phone:</b>	<b>Parent/Guardian Email:</b>
<b>Current School Placement:</b>	<b>School Site Code:</b>	<b>Grade:</b>
<b>Reason for Declining Award:</b>		

**Parent Signature:**

I understand that by declining this award, I am willingly opting out of the School Choice Program for the remainder of the current school year, and I will need to re-apply for the scholarship in order to be considered for scholarships awarded in the upcoming years. The information I have provided above is accurate, and I understand the scholarship terms above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Representative Signature:**

School Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_