

Application for Eligibility for Disabled / Displaced Students

(This form is NOT an application for a scholarship. Contact a School Tuition Organization for a scholarship application.)

Pupil Name: _____ Social Security Number: _____ First Middle Last	
If adopted, pupil's pre-adopted name: _____	
Any other aliases the pupil may have gone by: _____	
Address: _____	
City, State, and ZIP code: _____	
Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone Number: _____	
Please check the box next to the category which qualifies the student: <input type="checkbox"/> IEP (attach a copy to application) <input type="checkbox"/> 504 Plan (attach a copy to application) <input type="checkbox"/> Child was placed in foster care in Arizona pursuant to Title 8, Chapter 5.	
Last Public School Attended: _____	
School District: _____	
Dates of Attendance in Public School (mm/yy to mm/yy): _____	
Current Grade Level: _____	
Legal Guardian Name(s): _____	
Address (if different from pupil's address): _____	
City, State, and ZIP code: _____	
Phone Number: _____ Alternate Phone Number: _____	
E-mail Address: _____	

I certify that the above named student attended a public primary or secondary school for at least the first one hundred days of the prior academic year.

Parent/Guardian Name (please print)

Signature

Date

Please send completed form and necessary attachments to:

Karen Jacobs, Senior Economist
Office of Economic Research and Analysis
Arizona Department of Revenue
PO Box 25248
Phoenix, AZ 85002-5248

If you have any questions regarding completion of this form, contact Karen Jacobs at (602) 716-6923.