

Request for New Provider

All or part of your Scholarship may be transferred to another participating provider during a school year. The form below may be used to request a new provider. This form must be signed by the parent/guardian of the student and returned to the new provider.

- IMPORTANT -
In order for this change to be finalized, you will need to reallocate your scholarship funds. Please work with your primary provider to complete reallocation.

FIRST

MIDDLE

LAST

STUDENT NAME:

STUDENT DATE OF BIRTH:

_____/_____/_____

NAME OF NEW PROVIDER:

START DATE OF SERVICES WITH NEW PROVIDER

I AUTHORIZE the provider listed above to provide education and related services to the student listed above in compliance with the student's IEP.

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Parent/Guardian Printed Name

Parents Signature

Date

THIS FORM MUST BE KEPT ON FILE WITH THE NEW PROVIDER