

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.

- IMPORTANT -

In order for this change to be finalized, you will need to reallocate your scholarship funds. Please contact your primary provider to request reallocation.

STUDENT NAME: _____
FIRST MIDDLE LAST

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.

Parent/Guardian Printed Name _____

Parents Signature

Date

THIS FORM MUST BE KEPT ON FILE WITH THIS NEW SCHOOL