Ohio | Department of Education

Rev 3/14

ODE USE ONLY

Post Marked _____ Number Issued _____

Ohio Department of Education Office of Quality School Choice and Funding
Application for Nonpublic Student Participation in Post-Secondary Enrollment Option "B" Program
Applications Must be Postmarked by June 15
School Year of Requested Participation 2014-2015

Section I:Please type or print legibly

Nonpublic High School _____ Nonpublic IRN _____

Nonpublic Complete Address _____

Post-Secondary Institution _____ Post-Secondary IRN _____

Post-Secondary Institution _____ Post-Secondary IRN _____

Student' s FULL Name _____ Date of Birth _____

Student's Complete Address _____

List total number of semester hours the student plans to enroll _____ Grade Level 09 ☐ 10 ☐ 11 ☐ 12 ☐

Section II: Student/Student's Parent - I certify by submitting this application the student or parent(s) will be responsible for any payments due for any classes not successful completed pursuant to Ohio Revised Code 3365.11(B). I further agree to comply with all rules and regulations for participating in the PSEO program as set out in the statutes, regulation, policies and instructions for the program. **Any forms with missing data and/or signatures will not be approved.**

Student's Signature _____ Date _____ Parent's Signature _____ Date _____

Student/Parent Contact Phone Number: _____

Section III: Nonpublic Superintendent/Principal/Chief Administrator - I certify that I shall seek reimbursement from the student or the student's parent(s) for any classes not successfully completed pursuant to Ohio Revised Code 3365.11(B).

Nonpublic School Administrator _____ Date _____ Nonpublic School Administrator (printed) _____ Telephone N

Section IV: PSEO Institutions - I certify that the postsecondary institution which I represent has accepted this student for enrollment for the number of semester hours requested. I have attached a copy of the acceptance letter for this student or affixed the college official seal/stamp to indicate student's acceptance.

PSEO Institution _____

PSEO Authorized Signature _____ Date _____

PSEO Contact (Name & Title Printed) _____ Telephone No _____

College Official Seal/Stamp (Required unless acceptance letter is attached)

PSEO Institution _____

PSEO Authorized Signature _____ Date _____

PSEO Contact (Name & Title Printed) _____ Telephone No _____

College Official Seal/Stamp (Required unless acceptance letter is attached)

*** If you plan to attend more than 2 PSEO institutions, you **must** have a separate application **ATTACHED** to this application ***

US Mail the original application to the address below. Facsimile, e-mail, and hand delivered applications will not be accepted.

Return original to: Ohio Department of Education, Finance Program Services, Attn: Wendy Cantrell, 25 S Front Street, MS 308, Columbus, OH 4321!

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