Chartered Nonpublic School Auxiliary Service Funds

ELECTION FOR DIRECT PAYMENT

A chartered nonpublic school is authorized¹ to receive auxiliary service funds 1) directly or 2) through the public district where the school is located. To elect to receive a direct payment, a chartered nonpublic school must complete, sign, and return the attached affidavit to the Department of Education and Workforce no later than **April 1, 2025** ("Deadline Date") that certifies:

The school shall administer and expend the funds in the manner outlined in section 3317.062 of the Revised Code.

If a chartered nonpublic school timely files this election, the election takes effect July 1, 2025, to June 30, 2027, with direct payment under the election starting with the August 2025 payment. If no election is received by the Department on or before the Deadline Date, the prior election or arrangement will remain in effect².

Send signed affidavit to: schoolfinance@education.ohio.gov

or

Ohio Department of Education and Workforce Office of Budget and School Funding 25 S. Front Street, Mail Stop 3-03 Columbus, Ohio 43215-4183



¹ Ohio Revised Code 3317.024

² The Department will NOT accept elections or rescissions after April 1, 2025, postmark.

^{1 |} Affidavit for Direct Election | 2025

Chartered Nonpublic School Auxiliary Service Funds

AFFIDAVIT FOR ELECTION FOR DIRECT PAYMENT

			, on behalf of
	(Title)	(Name of Person Signi	ing Affidavit)
	(Name of	Chartered Nonpublic School)	
	(Mairie Or	Chartered Nonpublic School	
IRN		located in	County
At			
		(Street Address)	
In			
		(City, Zip)	
specified in	section 3317.062 of the Revise	ool shall administer and expend the ed Code. Payment to be directed to:	funds in the manner
	Nonpublic school listed above	e; or	
	Organization that oversees no	onpublic school:	
IRN	Name		
	<u> </u>		
authority to	at I am an authorized represe o execute this Affidavit on beha AFFIANT SAYETH NAUGHT.	ntative of the school and that I havalf of the school.	ve the requisite signatory
		Signature	
State of Oh	io County of		
SWORN TO	BEFORE ME and subscribed in	my presence this on this date of	·
		NOTARY PUBLIC	
		My Commission Expire	es:

