

Chartered Nonpublic School Auxiliary Service Funds

RECISSION 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.

A chartered nonpublic school may rescind its previous, or current, election to receive direct payment by completing, signing, and returning the attached notice of rescission form to the Department and providing a copy of the notice form to the public district where the school is located no later than **April 1, 2025**.

Send signed notice of rescission 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](#)

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NOTICE OF RECISSION OF DIRECT PAYMENT

_____, _____, on behalf of
(Name of Person Signing Affidavit) (Title)

(Name of Chartered Nonpublic School)

IRN _____ located in _____ County

At _____
(Street Address)

In _____
(City, Zip)

affirms that it is rescinding its election to receive direct payment of auxiliary service funds because it now wants to receive payment through the public district where the school is located, understanding that this notice of rescission must be received by the Department of Education and Workforce no later than April 1, 2025, with the change becoming effective July 1, 2025, through June 30, 2027.

By signing below, I affirm that the school is rescinding its election for direct payment of auxiliary service funds, and therefore, will receive payment through the public district where the school is located. Further, I have notified the public district where the school is located of this rescission. I affirm that I am an authorized representative of the school and that I have the requisite signatory authority to execute this form on behalf of the school.

FURTHER AFFIANT SAYETH NAUGHT.

Signature

State of Ohio County of _____

SWORN TO BEFORE ME and subscribed in my presence this on this date of _____.

NOTARY PUBLIC

My Commission Expires: _____