## **NONPUBLIC EDUCATIONAL OPTIONS**

## Autism and Jon Peterson Special Needs Scholarship Program Request for New Provider

All or part of your Scholarship may be transferred to another participating provider during a school year. This form 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:	1		
NAME OF NEW PROVIDER:			
START DATE OF SERVICES WITH NEW PROVIDER			
I REQUEST THIS PROVIDER TO BE MY CHILD'S PRIMARY 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			
Parent Signature			Date

THIS FORM MUST BE KEPT ON FILE WITH THE NEW PROVIDER