

Wisconsin Department of Public Instruction (DPI) SPECIAL NEEDS SCHOLARSHIP PROGRAM (SNSP) APPLICATION

PI-SNSP-0003 (Rev. 01-17)

This collection is a requirement of Wis. Stat. § 115.7915.

INSTRUCTIONS: The parent or guardian must complete this application. Type or print clearly in ink. Return completed form, open enrollment application denial letter(s), appeal decision(s) (if any), individualized education program or services plan, and current residency documentation to the school.

School Applying To No abbreviations	School Year Applying 2017-18	School Year Applying For						
FAMILY INFORMATION								
Parent/Guardian First Name	М	Last Name	TOKINATION	Suffix	Telephor	ne <i>Area/N</i>	0	
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Parent/Guardian First Name	MI Last Name				Current Resident School District			
Home Street Address	<u> </u>	City			State Zip			
STUDENT INFORMATION								
Student's First Name Legal Name Only			ame Legal Name Only		Suffix	Grade	Level for 2017-18	
Gender Check One Female Hispanic/Latino Male Not Hispanic/Latino	☐ An	Check all that Apply American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White						
Name of Public School Attended for Entire 2016-17 School Year:					Dat	e of Birth	Mo./Day/Yr.	
The student must have an Individual Education Program (IEP) to participate in the program. Name of school district that developed the IEP: Date of last IEP team evaluation or reevaluation								
	OPEN	ENROLLMEN	T APPLICATION DENIAL					
Instructions: In order to be eligible to participate, the student must have been denied open enrollment in the 2017-18 school year. If the student applied to multiple districts, all open enrollment applications must have been denied. Further, if the open enrollment application was appealed, all decisions must have been affirmed by the DPI. Affirmed means that the DPI did not overturn the denial. Provide a copy of all open enrollment denial letters for the 2017-18 school year and a copy of the appeal decision(s), if applicable, with the application.								
Name of All School Districts where the Open Enrollment Application was Denied for the 2017-18 school year:								
Answer the following regarding the open enrollment application denial(s) included above.								
Yes No 1. Was/Were the open enrollment application denial(s) appealed?								
Yes No 2. If the answer to 1 is Yes, was/were the decision(s) affirmed by DPI?								
	PARE	NT OR GUAR	RDIAN CERTIFICATION					
☐ Check here certifying that you received the comparison of the rights of a child with a disability in a public school compared to the SNSP. ☐ Check here certifying that you have received a profile of the school's special education program.								
I, AS THE PARENT OR GUARDIAN, CERTIFY that all of the information on this application is true and correct. I understand that any of the information on this application or related to this application, including the IEP/services plan, open enrollment denial letter(s), or residency documentation, may be subject to further review and verification by school and/or state officials.								
Signature of Parent or Guardian <i>MUST</i> be the	same name as one of the parents / guardians listed a				ve Date Signed Mo./Day/Yr.		ned <i>Mo./Day/Yr.</i>	
		FOR SCHO	OOL USE ONLY					
Yes No Based on the information provided by the parent or guardian, the student is eligible.								
I, AS THE ADMINISTRATOR RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that I have received the denial letter(s), appeal decision(s), if applicable, IEP or services plan, and residency documents.								
Signature of School Administrator on the Inten	t to Particip	pate (ITP) Pr	rinted Name of School Admi	inistrator	on the IT	P Dat	te Signed Mo./Day/Yr.	