



FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400

Fax: 1-850-245-0875 Email: schoolchoice@fldoe.org

School Choice Information Hotline: 1-800-447-1636



PRIVATE SCHOOL REQUEST TO PARTICIPATE Workforce Education Scholarship Pilot Program

Instructions: 1. Complete the first 2 sections of this form and fax or mail to this office.
2. Fax or mail copies of any required supporting documents to this office.

Private School

School Name _____ Federal Employer Identification Number _____

Street Address _____ City _____ State _____ Zip _____ County _____

Owner Name _____ Owner E-mail _____

Director Name _____ Director E-mail _____

School Phone # _____ School E-mail _____

School website _____

Is the school registered as a Private School with the Florida Department of Education? Yes No

• If yes, provide school code _____

Does the school comply with the antidiscrimination provisions of 42 U.S.C. s. 200d?
(School may be required to provide documentation of antidiscrimination policy) Yes No

Does the school meet state and local health and safety laws and codes?
(School **must** provide satisfactory building inspection and fire safety documentation) Yes No

Are students with documented disabilities currently receiving instruction from an instructor in the school to meet the high school graduation requirements in s. 1003.428, F.S.?
(School **must** provide school fee schedule, student fee schedule, and student attendance verification) Yes No

Does the school contract with a Supported Employment Services Provider in Florida?
• If yes, Employer information must be provided below... Yes No

Contracted Supported Employment Services Provider (Employer)

Name of Employer _____ Federal Employer Identification Number _____

Street Address _____ City _____ State _____ Zip _____ County _____

Supervisor Name _____ Supervisor Phone # _____ Supervisor E-mail _____

Is the Employer a nonprofit corporation under s. 501(c)(3) of the Internal Revenue Code? Yes No

Does the Employer serve Hardee County, DeSoto County, Manatee County, or Sarasota County? Yes No

Does the Employer provide supported employment services in a work setting to students with disabilities? Yes No

Request Submitted By _____ Date _____

FOR OFFICE USE ONLY

Eligibility

Approved Entered by _____ Date _____ Confirmation # _____

Denied Reason _____