

## Chatham Academy at a Glance

- Chatham Academy is one of Royce Learning Center's four programs. We also have:  
The Tutoring Center at Royce  
Royce Collegiate Institute – A Gap Year Program  
The Adult & Community Education (ACE) Program
- Chatham Academy is dedicated to meeting the educational needs of children with learning disabilities, attention deficit hyperactivity disorder, and similar learning differences.
- We teach students with learning differences. This includes learning disabilities, ADHD, Dyslexia and similar learning differences.
- We help students meet success at their individual level.
- We are accredited by the Southern Association of Colleges and Schools (SAIS/SACS).
- We teach a curriculum of academic classes sanctioned by SAIS/SACS and award a traditional high school diploma.
- Our students are grouped by age and skill level so they can learn at their own pace.
- We help each student overcome his/her individual area of frustration in school.
- We maintain a 10-1 student-teacher ratio.
- We provide art and physical education as part of the weekly schedule.
- We provide extra-curricular sports and activities, which include soccer, flag football, basketball, cheerleading, and baseball.
- We are funded through tuition and donations.
- Limited financial aid is available to qualified families who apply.
- We accept the Georgia Special Needs Scholarship.

**Chatham Academy...**  
***Offering every student a chance at success.***

## **Program Description**

Chatham Academy believes that a student's self-concept, attitude and past experiences affect the daily learning process of the child. Teaching academic skills, appropriate daily behavior and social skills are an important part of the curriculum. In order to teach these skills, daily instruction is on-going and constant. Built into the curriculum, sequence of skills and teaching style is the constant review of key ideas and skills so that the information is transferred from short to long-term memory at each student's individual level.

Chatham Academy has designed the classrooms, teaching techniques and curriculum to allow each child to experience academic and social success. Students are grouped in classes by age and skill level, which allows the teacher to provide for academic success. Each class is structured so that students have clear expectations and are aware of consequences for inappropriate actions. Basic class rules are the same throughout the school to provide consistency. There are slight variations in consequences based on student age and individual needs.

In order to teach appropriate classroom behavior, peer interaction and social skills, logical consequences are the main methods that are used. Along with consistent follow-through, helping the students build a repertoire of acceptable choices when facing different situations is a major facet of the overall program. Through the use of discussions and consequences, students learn to think before they act and develop good habits that will allow them to function successfully in a traditional environment. The gradual acquisition of appropriate behavior is developed over time.

In the beginning of the program, students are given a great deal of support. The teachers provide situations that compensate for the student's academic and behavioral weaknesses. Once the student is stronger, both academically and socially, then the student is required to do more compensating with less and less of the teacher's help. Each student is provided with as much structure as they individually need and is constantly given the chance to assume more responsibility. Counseling is provided informally to help students through this difficult transition.

Our goals are to teach each student the academic skills appropriate for their level, to accept responsibility for their actions and their learning, and to advocate responsibly for themselves. Students return to traditional classrooms when they can learn and compete successfully in that learning environment.

# APPLICATION FOR ADMISSION



## CHATHAM ACADEMY APPLICATION INSTRUCTIONS AND CHECKLIST

- APPLICATION FORMS must be submitted with a non-refundable application fee of \$50.00.
- RECENT PHOTOGRAPH should be attached to your application.
- CURRENT PSYCHO/EDUCATIONAL TESTING by a licensed psychologist including intelligence and achievement testing (most recent).
- IEP, Special Education meeting minutes.
- PLACEMENT TESTING is scheduled following receipt of the application form.
- CONFIDENTIAL TEACHER REPORTS are given by parents to the student's current teacher and to other specialists to be returned to:  
Chatham Academy  
4 Oglethorpe Professional Blvd.  
Savannah, GA 31406.
- TRANSCRIPT RELEASE & CONFIDENTIALITY FORMS are submitted to Chatham Academy.
- FINANCIAL AID packet will be sent upon request. Please call for more information.



**APPLICATION FOR ADMISSION**

Today's Date \_\_\_\_\_ for School Beginning (month) \_\_\_\_\_ (year) \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Ethnicity \_\_\_\_\_  Male  Female

Present Grade \_\_\_\_\_ Current School \_\_\_\_\_

**FAMILY INFORMATION**

Father/Legal Guardian \_\_\_\_\_ Mother/Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

**IF CHILD DOES NOT LIVE WITH PARENTS IN ONE HOUSEHOLD, PLEASE FILL OUT THE FOLLOWING INFORMATION:**

Step-Father  Step-Mother  Other  Step-Father  Step-Mother  Other

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Permission to share applicant's information with the above person  Permission to share applicant's information with the above person

**Names/Ages/School of all children in family:**

Name (Last, First) Age Current School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*Chatham Academy welcomes students without bias towards sex, age, race, ethnicity, nationality, sexual orientation, gender identity, or disability.*

**PARENT/GUARDIAN INFORMATION**

	Father/Legal Guardian	Mother/Legal Guardian
First/Middle/Last Name	Mr./Dr. _____	Ms./Mrs./Dr. _____
Preferred First Name	_____	_____
Relationship to Applicant	_____	_____
Home Address	_____	_____
City/State/Zip	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
E-mail	_____	_____
Employer	_____	_____
Position in Firm	_____	_____
Business Address	_____	_____
City/State/Zip	_____	_____
Business Phone	_____	_____
Education	_____	_____
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Grandparents**

Name of Paternal Grandparents \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Maternal Grandparents \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Adoption**

Was the applicant adopted?  Yes  No      If so, at what age? \_\_\_\_\_

Does the applicant know he/she was adopted?  Yes  No

Discuss the applicant's adjustment to learning of adoption \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION HISTORY**

Name of Current School Head/Principal & Counselor \_\_\_\_\_

Address of School \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please list all schools attended, beginning with current school:

Name of School	City, State	Grades Attended	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever skipped or repeated a grade? Please state the grade(s), the school(s), and the circumstances involved.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the kind of special counseling or remedial work your child is receiving/has received.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what ways would you most like to see your child develop during his/her years at Chatham Academy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests, hobbies, and abilities of the applicant \_\_\_\_\_  
\_\_\_\_\_

Please describe briefly any particular circumstances, which may have affected the applicant's record in school including but not limited to attention or behavioral difficulties, difficulties in reading, math and/or language, medical needs, hospitalization(s), learning styles, and frequent changes of schools. Please include dates whenever possible: (continue on back if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and relationship of any friends/relatives who have attended Chatham Academy \_\_\_\_\_  
\_\_\_\_\_

Has the applicant attended Summer Programs at Royce or tutoring at Royce's Tutoring Center? \_\_\_\_\_

If so, what year? \_\_\_\_\_

**MEDICAL HISTORY**

Please indicate if your child has a history of:

- |                                              |                                                       |                                                       |                                               |
|----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Vision Deficit               | <input type="checkbox"/> Hearing Deficit              | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Physical Handicap   | <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Fainting             |
| <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Infectious Disease (specify) | <input type="checkbox"/> Ear Infections/Tubes in Ears | <input type="checkbox"/> Headaches            |
| <input type="checkbox"/> Epilepsy            |                                                       |                                                       |                                               |

Are there any situations or pertinent information that we should be aware of in order to further understand your child? Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication on a regular basis  Yes  No

If yes, please list medication(s), dosage, times given, and reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Responsible for Tuition Payments**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Please check here if you are interested in receiving an application for financial aid.

Before this application can be processed, we must receive a \$50 application fee (non-refundable), psycho/educational testing (intelligence and achievement scores) and a recent photo.

***I am aware that this program is not licensed by the State of Georgia, and that the program carries liability insurance.***

***Thank you for applying to Chatham Academy.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us how you heard about Chatham Academy \_\_\_\_\_

*Chatham Academy welcomes students without bias towards race, sexual orientation, gender, religion or national origin.*



PROFESSIONAL CONTACT FORM

Please complete the form and return to Chatham Academy

Child's Name \_\_\_\_\_

I give Chatham Academy permission to contact the following organizations and individuals for release of transcripts, teacher reports, evaluations, and any standardized testing. Please provide Name of person or place, complete address, and telephone number.

Current School \_\_\_\_\_

Address City State Zip Telephone

Classroom Teacher \_\_\_\_\_

Address City State Zip Telephone

Pediatrician \_\_\_\_\_

Address City State Zip Telephone

Psychiatrist \_\_\_\_\_

Address City State Zip Telephone

Psychologist \_\_\_\_\_

Address City State Zip Telephone

Neurologist \_\_\_\_\_

Address City State Zip Telephone

Speech and Language Therapist \_\_\_\_\_

Address City State Zip Telephone

Occupational/Physical Therapist \_\_\_\_\_

Address City State Zip Telephone

Educational Tutor \_\_\_\_\_

Address City State Zip Telephone

Additional services and individuals not listed above \_\_\_\_\_

Address City State Zip Telephone

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**TRANSCRIPT RELEASE & CONFIDENTIALITY FORM**

Student's Name \_\_\_\_\_  
Last First Middle Preferred Name

I authorize the release of the following data in my minor child's records from the person(s) listed below. Please release it to Chatham Academy, 4 Oglethorpe Professional Blvd., Savannah, GA 31406.

- Please initial the items to be released:
- \_\_\_\_\_ Psychological reports (intelligence testing, social/emotional assessments)
  - \_\_\_\_\_ Cognitive assessments
  - \_\_\_\_\_ Educational assessments
  - \_\_\_\_\_ Medical records
  - \_\_\_\_\_ Psychiatric records
  - \_\_\_\_\_ Speech, hearing, vision
  - \_\_\_\_\_ Other (specify) \_\_\_\_\_

Request data from the following person:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I further release all parties stated herewith from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that this consent expires automatically upon termination of services or on the following date or when the following even or condition transpires.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Client/Client's Parent of Legal Guardian

## 2018 - 2019 SCHOOL YEAR

New student application fee - \$50.00 nonrefundable.

**Tuition:**                                      Grades 1 - 12            \$ 17,783.00

Payment Options	Due Dates	Finance Charges	Each Payment
<b>Annual</b>	August 1	-0-	\$17,783.00
<b>Semi-annual</b>	Two Payments August 1 and January 1	266.74	9,024.87
<b>10 Months</b>	Ten (10) Payments (Due first of each month Aug – May)	889.20	1,867.22

\*Tuition may be tax deductible as a medical expense.

Please call Chatham Academy at (912) 354.4047 or talk to your accountant for more information.

## FINANCIAL ASSISTANCE INFORMATION

Limited tuition assistance through Chatham Academy is available and awards are needs-based. Application for financial aid should be completed as part of the enrollment process. This application is used to determine financial need and to qualify potential students for aid.

Aside from financial aid from Chatham Academy, there are two state-operated programs and one private program your student may be eligible to participate in:

**The Georgia Special Needs Scholarship Program (also known as SB10)**, allows students currently attending a Georgia Public School with an IEP to transfer to Chatham Academy and receive state financial aid to do so. Scholarship amounts for students generally range from \$2,500 to \$13,500 with an average amount of about \$6,000. There is no application process for GSNS, however your student must meet certain eligibility requirements which can be found on the [Georgia Department of Education's website](http://www.doe.k12.ga.us/sb10.aspx/). <http://www.doe.k12.ga.us/sb10.aspx/>

Please ask for more information regarding these programs during your visit with us.

# Tuition at school with dyslexia program medical expense (06/16/2005)

Federal Taxes Weekly Alert, 06/16/2005, Volume 51, No. 24

Tuition at school with dyslexia program is deductible medical expense

## PLR 200521003

IRS has privately ruled that tuition for taxpayers' children diagnosed with dyslexia at a school with a program designed to allow them to deal with their medical handicap was a deductible medical expense.

**RIA Observation:** Medical science and the media have focused on the wide range of disabilities that may affect young children. Consequently, not only doctors, but parents, teachers, and other caregivers are more aware of the issue, and learning disabilities are more likely to be detected early and properly treated. The treatment for these learning disabilities can place a heavy financial burden on parents, particularly where more than one child is involved. Fortunately, the tax law may help by allowing a partial deduction for the cost of such children's school. However, like other deductible medical expenses, this cost is deductible only to the extent that medical expenses for the year cumulatively exceed 7.5% of the taxpayer's adjusted gross income.

**Background:** Medical care includes the cost of attending a special school designed to compensate for or overcome a physical handicap, in order to qualify the individual for future normal education or for normal living. This includes a school for the teaching of Braille or lip reading. The principal reason for attending must be the special resources for alleviating the handicap. The cost of tuition for ordinary education that is incidental to the special services provide at the school, and the cost of meals and lodging supplied by the school, also is included as a medical expense. ( Reg. S 1.213-1(e)(1)(v)(a) )

**Facts:** Taxpayers, who we'll call Peter and Mary, have two children that have been diagnosed as having disabilities caused by medical conditions, including dyslexia, that handicap their ability to learn. Peter and Mary have enrolled their children in School, which provided each handicapped child with a program of special education designed to enable the child to deal with his medical handicap and move on to study at a regular school.

Peter and Mary asked IRS to rule that the tuition for their dependent children is deductible.

**Tuition** is a medical expense. IRS ruled that the children are attending School principally to receive medical care in the form of special education in those years each child is diagnosed as having a medical condition that handicaps his ability to learn. Their tuition at School is a medical care expense deductible under Code Sec. 213(a) for the years they continue to be diagnosed as medically handicapped.

IRS said that special education includes giving remedial language training to correct a condition caused by a birth defect, or overcoming other disabilities. Dyslexia can also be sufficiently severe as to be such a handicap.

**RIA Observation:** Similarly, special education includes programming dealing with attention deficit hyperactivity disorder (ADHD) and similar diagnosed afflictions of the young.

IRS explained that normal education is not medical care because it is not designed to help someone overcome a medical disability. Thus, for education to be medical care, a physical or other qualified professional must diagnose a medical condition requiring special education to correct that condition. A school need not employ doctors to provide that special education, but must have a professional staff competent to design and supervise a curriculum providing medical care. Overcoming the learning disabilities must be a principal reason for attending the school, and any ordinary education received must be incidental to the special education provided.

**RIA Observation:** The Tax Court has rarely considered a “regular” private school to be a special school. Although the individual attention, small class size, and strict discipline characteristic of good private schools often are beneficial to students suffering from mental or physical defects or illnesses, these schools rarely qualify. Similarly, the Tax Court has held that, where students who are blind, deaf, or have epilepsy go to private schools because they allow the students to attend school in a normal setting, the schools are not special schools because their purpose is academic, rather than therapeutic.

IRS advised Peter and Mary that whether tuition is deductible doesn’t depend on whether School is a “special school.” Deductibility depends on what the school provides an individual. A school can have a normal education program for the most students, and a special education program for those who need it. Thus, a school can be “special” for one student but not for another.

**RIA Observation:** The Tax Courts have held and IRS privately ruled that, where a school attended by a student with a medical problem doesn’t qualify as a special school because the ordinary education isn’t incidental to the special services provided, the costs of the special program or special treatment (but not the entire tuition) may still be a deductible medical expense.

**References:** For education as a medical expense, see FTC 2d/FIN, K-2150 et seq.; United States Tax Reporter, 2134.10 ; TaxDesk, 347,507 et seq.; TG, 18818

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**TEACHER EVALUATION FORM**

PARENTS, PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT TEACHER  
WITH A STAMPED ENVELOPE ADDRESSED TO:

The Admissions Office  
Chatham Academy  
4 Oglethorpe Professional Blvd  
Savannah, GA 31406

Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission to \_\_\_\_ grade at Chatham Academy for the academic year \_\_\_\_\_.  
Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in this school: \_\_\_\_\_

Does student have a satisfactory attendance record?  Yes  No

Please evaluate the following areas with a check mark:

	Excellent	Good	Average	Poor
General Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maturity Age Level:  Below age level  Average  Advanced



**TEACHER EVALUATION FORM – Pg. 2**

Reading Series and present level of child - please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Math Series and present level of child - please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phonics Series (type of program) and present level of child - please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classroom Conduct: Discipline - please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on - Behavior/Attitude, Work/Study Habits, and Peer Relationships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been recipient of a Special Services Program, i.e. a Learning Disability Resource Center, a Developmental Reading, English , or Math Program, or Behavior Modification?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been so advised to participate in such a program?  Yes  No

Parent attitude and degree of involvement - Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional helpful information: \_\_\_\_\_  
\_\_\_\_\_

Thank you for the time and effort you have taken in completing this evaluation.  
Your recommendations do have a bearing on our decisions.

\_\_\_\_\_  
Signature of person completing report Title  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

# Georgia Special Needs Scholarship Program

## Understanding the Program

### **PRIVATE SCHOOL CHOICE OPTION**

There are no application or income restrictions for eligibility in the GSNS Program. Eligibility is only based on requirements outlined on page 1. Scholarships generally range from \$2,500 - \$13,500. The average scholarship amount is \$5,700.

Many parents/guardians are surprised to learn that a private school participating in the GSNS Program is not required to follow a student's IEP and is not required to provide special education services to a student. This stems from the law governing the GSNS Program, the Official Code of Georgia Annotated Section §20-2- 2114(f), states Acceptance of scholarship shall have the same effect as a parental refusal to consent to Services pursuant to the Individuals with Disabilities Education Act, 20 U.S.C.A. Section 1400, et seq. This means that a parent/guardian's acceptance of a scholarship is the same as refusal to provide parental consent for special services under the Individuals with Disabilities Education Act (IDEA) and a participating private school is neither required to follow a student's IEP nor is it required to provide special education services to a student. A parent/guardian must ask a private school directly regarding the specific special education or other services it may be able to provide for students.

There is no application for the GSNS program since eligibility is based on information already reported by public schools to the GaDOE. A scholarship calculator is available on the web page for parents/guardians to verify a child's eligibility and to see an eligible student's award amount. The calculator is updated each May with award amounts for the upcoming school. Read Using the Calculator posted on the GSNS webpage for further instructions.

**IMPORTANT:** The scholarship calculator will only work if a student is eligible for the GSNS Program. The award sheet (see sample below) generated by the scholarship calculator is the only proof needed of a student's eligibility for the GSNS Program. It shows the annual amount that a student will receive divided over the course of four payments made during a school year. See the last page of this document for an explanation of the state's funding formula for K – 12 education which is the formula used to determine scholarship amounts.

### **ENROLLING A STUDENT IN A PRIVATE SCHOOL**

Parents have three opportunities during a school year to transfer an eligible student from a public school to an authorized private school by the following dates for the qualifying school year:

1. September 15th of each year- NO FILING OF INTENT FORM REQUIRED.
2. December 15th of each year - Filing of intent form required. See instructions below.
3. March 4th of each year- Filing of intent form required. See instructions below.



## **Georgia Special Needs Scholarship Program Understanding the Program**

For ONLY the December and March dates parents must complete an Intent to File form which will be posted on the web page in October. Scholarship payments are prorated for students enrolling by December 15 (1/2 of scholarship amount printed on the award sheet paid) or March 4 (1/4 of scholarship amount printed on the award sheet paid) for the upcoming school year.

The multiple enrollment dates only apply for students that completed the current school year in a Georgia public school. It DOES NOT apply to students that used the private school choice option during the current school year. Read the Continuing Participation document posted on the web page for the requirements of continuing eligibility in the private school choice option.

A parent/guardian must print the award sheet from the calculator and make copies of it. A copy must be given to a private school authorized by the State Board of Education to participate in the GSNS Program. The list of authorized private schools is posted on the GSNS webpage.

Participation in the GSNS Program is voluntary on the part of private schools and is open to all private schools. If there is a school a parent/guardian is interested in that is not on the current authorized private school list, the parent/guardian is encouraged to ask the school to apply. The application with instructions and eligibility requirements for private schools for the school year is available on the GSNS webpage.

## **Georgia Special Needs Scholarship Program Understanding the Program**

If an authorized private school grants admission to a student, a parent/guardian must provide a copy of the student's scholarship award sheet to the private school. Authorized private schools have access to an electronic system which they use to report eligible students enrolled at their schools to the GaDOE. Each school year private schools report enrolled students, so the GaDOE knows which students are participating in the private school choice option and where they are enrolled. Without notification of a student's eligibility, the private school will not report the student as enrolled in the GSNS Program to the GaDOE. This will affect the scholarship payments for a student and could affect his/her eligibility for the GSNS Program.

**IMPORTANT:** A parent/guardian must obtain written copies of any contracts/agreements entered with a private school (e.g. tuition reimbursement, fee schedules). The tuition and fees documents should clearly explain how the private school charges for tuition and fees and how payments are accepted. Tuition information must also explain how the private school handles the processing of tuition for GSNS students.

Upon acceptance of the scholarship, a parent/guardian assumes full financial responsibility for the education of the scholarship student, including transportation to and from the participating school. A parent/guardian must comply with all the private school's policies. Once accepted into a private school a parent/guardian must withdraw a student from the public school at the beginning of the new school year following the procedures of the public school. A student cannot be dually enrolled at a public and private school and receive a scholarship.

At any point during the school year, a parent/guardian can transfer a GSNS student to another private school authorized to participate in the GSNS Program. Refer to the Transfer Information document posted on the web page for more information regarding transferring a student.

### **MAINTAINING ELIGIBILITY IN THE PRIVATE SCHOOL CHOICE OPTION**

**Important:** A student must complete the current school year at an authorized private school to continue in the private school choice option for the upcoming school year. Due to funding, a student that attends an authorized private school for the current school year, but does not complete the year at an authorized private school is ineligible to participate in the GSNS Program for the upcoming school year. The only way a student can re-qualify for the Georgia Special Needs Scholarship Program is to again meet the program requirements outlined in law (see page 1).

## **Georgia Special Needs Scholarship Program Understanding the Program**

A student may continue to participate in the GSNS Program as long as:

- ./ Student remains a resident of Georgia; and
- ./ Student's parent/guardian remain residents of Georgia; and
- ./ Student has continual enrollment and attendance in a private school participating in the GSNS Program; and
- ./ Parent/guardian complies with GSNS Program law and rule.

An IEP does not need to be kept current to continue a student's participation in the GSNS Program.

Promotion or retention of a student does not affect eligibility for the GSNS Program.

### **GSNS**

### **SCHOLARSHIP FUNDING FORMULA**

The Georgia Special Needs Scholarship amount is based on information reported by each school system during the previous year's October Full-Time Enrollment (FTE) count. That would be October for the current school year funding. State funding for students with disabilities can vary greatly and is determined by the services the school district reported as providing to the student during the prior school year's data collection cycle for six segments. Scholarship payments for continuing GSNS students are calculated using the data from the last year a student was in a Georgia public school. The data is entered into the State public education funding formula that applies to the upcoming school year.

This is the maximum amount the Georgia Department of Education can give out for a student's scholarship. The scholarship is made up of only state funds. Not all special education services provided by a public school for a student are paid for with state funds. By law, federal and local funds are not included in the scholarship.

Important note for parent(s)/guardian(s) whose child's IEP was put into place after October: The funds accessed for scholarships are the state funding a public school earned for a student during the previous October. For students with later IEPs the local school district will only earn the base level of state funding for a student (approx. \$2,500 - \$3,000). Therefore, a parent/guardian has two choices for the upcoming school year. First, a parent/guardian can choose to take the funds a child is eligible for and enroll him/her in a participating private school. Because private schools do not report data, a child's scholarship amount would be based on that last year he/she was in public school. Second, a parent/guardian can decide to have a child attend a public school for the entire school year. State funding for the upcoming school year should increase since it will be based on the IEP in October. A student qualifies for the upcoming school year if a student is enrolled and reported by a public school system or school systems for funding purposes during the October and March full-time equivalent (FTE) program counts during the current school year. In addition, the student must be reported as a special needs student served by an active IEP through the FTE reporting system.

Georgia Department of Education. Richard Woods, State School Superintendent