Open Enrollment Period 2 - 2016

Reset Form

EDUCATION SAVINGS ACCOUNT APPLICATION (ESA)

Internal Use Only	Received Date:	
	STO #	Batch #

NOTE: Applications will not be accepted before May 1 or after June 30. Applications need to be turned into our office by 5:00 p.m. on Thursday, June 30 to the Carson City (or Las Vegas) office.

All fields listed are REQUIRED to be filled out or application will not be accepted. (Please Print or Type)

Student Name (Last, First):	Current Grade:	Student's Date of Birth:
Physical Address (PO Boxes will not be accepted):	City:	Zip Code:
County (Example: Washoe):	Phone (Include Area Code):	
Mailing Address:	City:	Zip Code:
Applicant Parent Name (Last, First):	Parent E-Mail Address:	

Do you and your child reside in Nevada?	Yes ☐	No ☐
Is your child 5 years old, as of September 30, or under the age of 7 years old at time of application?	Yes ☐	No ☐
Are you an active duty military family based in Nevada?	Yes ☐	No ☐
Did the student attend a Nevada public/charter school for 100 school days immediately preceding the date of this application?	Yes ☐	No ☐
Was your child a full time student during the required 100 school days immediately preceding the date of this application?	Yes ☐	No ☐
During the 100 school days immediately preceding the date of this application did your child miss 15 or more consecutive school days (e.g., illness, special circumstances)? If yes, please attach a detailed explanation of the extended absence.	Yes ☐	No ☐

Please list the Nevada Public/Charter School(s) that your child attended for 100 consecutive school days immediately preceding the date of this application.	
School #1	**(Required)** **School District Student ID#:**
School District/Charter Sponsor:	Dates of Attendance: (mm/dd/yyyy) _____/_____/_____ ⇨ _____/_____/_____
Name of Public/Charter School:	
School #2	**(Required)** **School District Student ID#:**
School District/Charter Sponsor:	Dates of Attendance: (mm/dd/yyyy) _____/_____/_____ ⇨ _____/_____/_____
Name of Public/Charter School:	
If your child attended more than 2 schools during the preceding 100 school days, please attach a separate page listing the school information.	

Yes ☐	No ☐	Is your child a pupil with disabilities? (NRS 388.440) ***"Pupil with a Disability Defined":*** means (i) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services..
Yes ☐	No ☐	Is your annual household income within 185% of the federally designated poverty level? (http://aspe.hhs.gov/poverty/15poverty.cfm)

REQUIRED DOCUMENTS

NOTE: (Once your initial application has been approved you will be asked to upload ALL documents listed below on our online enrollment portal, and must be submitted online prior to final approval.) Please DO NOT submit them with your application.

- Copy of the parent's valid Government issued ID
- A certified or verified copy of the student's birth certificate (this can be a clear photo copy) **AND** Proof of legal guardianship (if you're not the biological parent)
- Copy of your most current utility bill (applicant parent name and address) OR
- Copy of current property tax bill OR rental lease agreement (applicant parent name and address)
- If you answered yes to your child having disabilities you must provide a copy of your current Individual Education Plan (IEP) or a letter from a doctor.
- If you answered yes to your annual household income falling within the 185% poverty line you must provide proof by submitting (a copy of last year's tax return (first 2 pages) or a current paystub)
- If you are a military family currently serving in Nevada, you must provide a copy of your current orders

Please choose from the list below what you would like your first funding date to be, *pending the removal of the preliminary injunction on the program:*

☐**August 2016**
☐**November 2016**
☐**February 2017**
☐**May 2017**

I understand that if an ESA is ultimately funded, I am required to withdraw the applicant student from public/charter school prior to the funding of my account. Below is a chart listing the funding month and corresponding dates of withdraw.

Initials_____

Funding Month	Student Must Be Withdrawn from Public School by:
August	**Last day of July**
November	**Last day of October**
February	**Last day of January**
May	**Last day of April**

Applicant Parent/Guardian Name (Print):	Today's Date:

Applicant Parent/Guardian Signature:

By signing this, you certify that you have the legal right to direct the education of the child.

Reminder: ***If you have more than one child who is eligible for Nevada's ESA Program, an application must be submitted for each child.***

Mail to:
(Certified Mail is Recommended)
State of Nevada Treasurer's Office
C/O Grant Hewitt
101 N. Carson Street, Suite 4
Carson City, NV 89701

All applications will be date stamped upon receipt

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