Tom Horne
Superintendent of
Public Instruction

State of Arizona
Department of Education

2007-08 DISPLACED PUPILS CHOICE GRANT
Affidavit of Intent to Enroll and Attend a Qualifying Grant School

Information must be Typed. All information provided is confidential.

Student's Social Security Number:
(numbers only, please do not include dashes)

Student's Name:

First Middle Last

I hereby certify that I have enrolled, or will enroll my child, at the following private school:

Name of Private School:

Address:

City: **Arizona** **Zip Code:**

Total Cost of Tuition & Fees:
(Please attach a copy of invoice or fee schedule)

If you have not decided upon the private school of choice - but intend to enroll at a qualified grant school full time in accordance with the award of the Displaced Pupils Choice Grant - write "undecided" in the "Name of Private School" box above.

I understand, if for unforseen circumstances or other conditions, I cannot attend a qualifying grant school within the subsequent twelve months of the grant award, I will notify the Arizona Department of Education - Displaced Pupils Choice Grant Office in writing.

Approval Signatures:

Parent or Legal Guardian (Please sign in blue or black ink) Date

ADE Grant Office Coordinator Date

Grant School Principal/Assistant Principal Date

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