Application for Succeed Scholarship Program

Private School

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ATTORNEY'S OFFICE
SEP 01 2016
DEPARTMENT OF EDUCATION
GENERAL DIVISION

Complete this form & return to the Arkansas Department of Education.

Name of School: Arkansas Christian Academy

Person Completing Form: Perry Black

Title: Pastor and Founder

E-mail: pblack@arkansaschristianacademy.org

School Address:

21815 Interstate 30
Street and/or Route Number

Bryant AR 72022
City, State ZIP

School Phone:

501-847-0112
Voice

501-847-0177
Fax

A1. Please specify the grade levels and services that your school has available for students with severe disabilities who are participating in the program. **Attach pages if necessary.**

Grades Levels: K-12

Types of Services: Requesting testing for services, speech therapy through Bryant School District, meeting accommodations, pull out one-on-one sessions, modification of curriculum, using technology for modifications

A2. Please **submit as an attachment** a copy of your school's disciplinary procedures, code(s) of conduct, and parental involvement requirements.

☑ I verify that this documentation is attached. Initial: _____

B1. Please verify that your school meets the accreditation requirements set by the State Board of Education, the Arkansas Nonpublic School Accrediting Association, or another accrediting association recognized by the State Board of Education as providing services to severely disabled individuals.

Accrediting Authority: Arkansas NonPublic School Accrediting Association

Initial: _____

B2. Please verify that your school demonstrates fiscal soundness by one (1) of the following methods and **submit as an attachment proof as necessary**:

☑ The school has been in operation for one (1) school year.

See Certificate of Accreditation

Initial: _____

OR

☐ A statement by a certified public accountant is attached confirming that:

- The school is insured; and
- The school has sufficient capital or credit to operate in the upcoming school year.

☐ If statement is necessary, I verify that this documentation is attached.

Initial: _____

OR

☐ A surety bond or letter of credit for the amount equal to the scholarship funds for any quarter has been filed with the Arkansas Department of Education's Fiscal & Administrative Services Division.

☐ If surety bond or letter of credit is necessary, I verify that this documentation is attached.

Initial: _____

B3. Please verify that your school complies with the antidiscrimination provisions of 42 U.S.C. § 2000d.

☑ I verify that the school is in full compliance. Initial: _____

B4. Please verify that your school meets state and local health and safety requirements and maintains an environment in which the health, safety, and welfare of students is not threatened. It is recommended that each employee and contracted personnel with direct student contact, upon employment, or engagement to provide services, undergo a state and national background screening and that a complete set of fingerprints be taken by an authorized law enforcement agency or an employee of the private school or a private company who is trained to take fingerprints and that employment should be denied or terminated if an employee fails to meet the screening standards.

☑ I verify that the school meets all requirements and maintains such an environment.

Initial: _____

B5. Please verify that your school is academically accountable to the parent(s) or legal guardian(s) of any student(s) participating in the Succeed Scholarship Program for meeting the educational needs of students.

☑ I verify that the school is academically accountable to parents/legal guardians of students participating in the program.

Initial: _____

B6. Please verify that your school employs or contracts with only teachers who hold baccalaureate or higher degrees.

☑ I verify that the school employs or contracts with only teachers who hold such degrees.

Initial: _____

B7. Please verify that your school employs or contracts with at least one (1) teacher who holds a current, valid standard license in special education issued by the Arkansas State Board of Education and **submit as an attachment** proof as necessary. It is recommended that the teacher(s) hold licensure appropriate for the grade level(s) for your school's special education program(s).

☑ I verify that the school employs or contracts with at least one (1) teacher who holds a current, valid standard license in special education issued by the Arkansas State Board of Education, and that if, at any point following the school's approval to participate in the Succeed Scholarship Program, the school no longer employs or contracts with at least one (1) such teacher, I affirm that the school will notify the parents/legal guardians of students participating in the program enrolled in or regularly attending the school within five (5) days and that the school will notify the State Board of Education or its designee within twenty (20) days.

Type of Proof Submitted: Arkansas License

Initial: _____

B8. Please verify that your school complies with all state laws and regulations governing private schools.

☑ I verify that the school is in full compliance. Initial: _____

B9. Please affirm that your school will adhere to the tenets of its published disciplinary procedures before an expulsion of a student participating in the Succeed Scholarship Program.

☑ I affirm that the school will adhere to the tenets of its published disciplinary procedures before expelling a student participating in the program.

Initial: _____

C1. Please affirm that your school will administer annually or make provisions for a student participating in the Succeed Scholarship Program to take a nationally recognized, norm-referenced test as established by the State Board of Education and that your school will prepare a portfolio that provides information on a student's progress to the student's parent or legal guardian if a student has an individualized education program that provides for an exemption to standardized testing.

☑ I affirm that the school will administer such standardized tests annually and that the school will accommodate students with IEPs that exempt them from standardized testing.

Initial: _____

C2. Please affirm that your school will notify the State Board of Education or the State Board of Education's designee if any student participating in the Succeed Scholarship Program ceases to be enrolled in or regularly attend the school for any reason.

☑ I affirm that the school will notify the State Board of Education or its designee if any student participating in the program ceases to be enrolled in or regularly attend the school.

Initial: _____

Signature: _____ **Date:** 8/26/16

RETURN COMPLETED APPLICATIONS TO:

Arkansas Department of Education
Office of Legal Services
Four Capitol Mall, Room 301-A
Little Rock, AR 72201