Received 7/18/16

Application for Succeed Scholarship Program

Private School

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

Name of School: Trinity Christian School

Person Completing Form: Jeanna Bartel

Title: Head of Academics & Student Life

E-mail: jbartel@trinitywarriors.org

School Address:

3107 Trinity Blvd.
Street and/or Route Number

Texarkana, AR 71854
City, State ZIP

School Phone:

870-779-1009
Voice

870-772-1258
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: PreK-12th

Types of Services:
Pull-out tutoring
Pull-out intensive intervention
Pull-out brain therapy
In-class interventions (K-6th)

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: AB

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 Assoc.

Initial: AB

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.

Initial: AB

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: AB

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: AB

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: AB

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: AB

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: Copy of AR license + contract

Initial: AB

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: AB

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: AB

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: AB

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: AB

Signature: _____ **Date:** 7-12-16

RETURN COMPLETED APPLICATIONS TO:

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