Choice Scholarship Program
Getting Started for Schools

1. Read through the materials at www.doe.in.gov/choice, especially the FAQ for Schools, as a starting point. These materials provide important background on rules and requirements for participating schools.

2. If your school is not currently accredited by the State Board or a Board recognized accrediting agency, you must complete the appropriate process for accreditation (IC 20-51-1-4.7). Schools with accreditation that expires before or during the school year must provide proof of renewal prior to August 1, 2019. For accreditation related questions, please contact the Department's Office of Accountability and Accreditation at schoolaccountability@doe.in.gov.

3. Begin the school application process by submitting the following documents as a single pdf to ChoiceSchool@doe.in.gov:
   - School Application Cover Sheet (see page two of this document)
   - School Application Form, 54705 (R8/12-18), found on our website at www.doe.in.gov/Choice.
   - 2019-2020 Admissions Policy - This must be the final policy, approved by your school's governing body, for the 2019-2020 school year.
   - 2019-2020 Tuition and Fees Policy - This must be the final policy, approved by your school's governing body, for the 2019-2020 school year. For additional information regarding tuition and fees, please see our guidance document, posted in the Choice Scholarship Community on Learning Connection.
   - Policy for Tuition Discounts
   - Descriptions of all Fees and Discounts
   - Proof of Accreditation, if you are accredited by any agency other than the State Board of Education.
   - Choice School Contact Form, found in the Learning Connection, Choice Scholarship Community.
   - Special Education Assurance Form, found in the Learning Connection, Choice Scholarship Community.

4. Schools will be sent a letter by email when the Department approves the school's application and the school's name will be listed on the Department's website as a resource for parents. The letter will detail the steps schools should take to fully enroll in the Choice Scholarship Program.

5. Register on the Learning Connection at www.learningconnection.doe.in.gov and join the Choice Scholarship Community.


7. Review the documents available at www.doe.in.gov/choice.

8. Review the 2019-2020 documents posted in the Choice Scholarship Community of Learning Connection, including documents that are required to be kept as documentation for student applications.

9. Please maintain up to date contact information with the Department. If any changes need to be made to your school's contact information, email the changes to ChoiceSchool@doe.in.gov.
2019-2020 Choice Scholarship Program
School Application Cover Sheet

I affirm that the following documents are attached:

☐ Completed 2019-2020 Choice School Application [Form 54705(R8/12-18)]
☐ Finalized 2019-2020 Admissions Policy
☐ Finalized 2019-2020 Tuition and Fees Policy
☐ Finalized 2019-2020 Discount Policy
☐ Descriptions of all Fees and Discounts
☐ Proof of Accreditation (if not State accredited)
☐ Completed Choice Contact Survey
☐ Completed Special Education Assurance Form

Please answer the following question:

Does the school anticipate reporting any student (Choice or non-Choice) for textbook reimbursement?  

Yes ☐  No ☐

By signing below, I agree to the following:

I attest that all required policies are final. That any alterations to the submitted policy must be submitted to the Department immediately for review.

I acknowledge that any tuition, fee, and/or discount amount that is not included as part of our school application cannot be included in the tuition and fees amount entered on a Choice student application.

I acknowledge that the approval of the Choice school application by the Department does not qualify all included tuition, fee, and/or discount amounts for use on Choice student applications. The school must use the guidance provided by the Department when using any tuition, fees, and /or discounts to calculate student tuition and fees for the Choice student application.

____________________________  ________________________
Printed Name                      Date

____________________________  ________________________
Signature                        Title