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## TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

### REQUEST FOR PARTICIPATION QUALIFIED PRIVATE SCHOOL

Please accept this form as official notification that the below named school, a private school located in Kansas, meets the eligibility criteria of the Tax Credit for Low Income Student Scholarship Program as provided by K.S.A. 72-4351 through 72-4357 and amendments thereto, and would like to participate in the program and will comply with the rules and regulations of the program.

#### CONTACT INFORMATION FOR QUALIFIED PRIVATE SCHOOL

Name of Qualified Private School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Accrediting Agency: \_\_\_\_\_

Chairperson: \_\_\_\_\_

\_\_\_\_\_  
Chief Administrator of Qualified Private School

\_\_\_\_\_  
Date

This form should be submitted to the Scholarship Granting Organization and State Board of Education.

The Request for Participation form must be notarized below by an official notary public.