



Division of Fiscal and Administrative Services

Kansas State Department of Education
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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. 2015 Supp. 72-99a01-07 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: _____

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.