

SUCCEED SCHOLARSHIP PROGRAM WAIVER FORM

RESIDENT SCHOOL DISTRICT

(Do not modify/revise form)

Arkansas Code Annotated § 6-41-904, requires that parents and guardians of students participating in the Succeed Scholarship Program sign a waiver acknowledging that the resident school district is under no obligation to provide services or education to their children except for services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* during the time the parent or guardian chooses to enroll their children in private school.

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the resident school district is under no obligation to provide services or education to the child(ren) listed below except for services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* during the time I choose to enroll my child(ren) in private school.

Please print clearly and legibly. Give student's Legal Name.

STUDENT FIRST, MIDDLE, & LAST NAME	DATE OF BIRTH

Signature of Parent/Guardian

Address:

 Street and/or Route Number

 City, State ZIP

Date

Phone:

 Day Phone (Include Area Code)

 Night Phone (Include Area Code)