

School Participation Agreement

2021 - 2022



School Name

School Address where checks will be sent.

After reviewing the school manual, please check off each item below. This document must be signed by two (2) people who represent the school. We suggest the school's primary administrator, the designated SDPE Coordinator, a school office employee, superintendent/pastor, or board member.

- I certify that this school is accredited by the South Dakota Department of Education.
- I certify that I have read the School Manual, understand, and will comply with the policies and procedures for administering the South Dakota Partners in Education Tax Credit Scholarship for students enrolled in my school that are eligible and using the funds.
- I understand that failure to abide by Partners in Education policies and procedures will result in loss of payment or loss of eligibility as a participating school in the South Dakota Partners in Education Tax Credit Scholarship program.

Please provide two signatures below and check the box to designate one person who will be responsible for the documentation requirements of the program (submitting school forms, verifying students, and responsible for scholarship checks).

Primary Administrator (print) Primary Administrator (signature) Date

Primary Administrator's email address

The second contact person other than the administrator must sign below.

Second School Contact (print) Second School Contact (signature) Date

Second School Contact's email address

Please sign, scan and email this form to sdpartnersinedu@gmail.com.

Please attach a listing of member tuition and fees and non-member tuition and fees. This form and tuition/fees information must be submitted by August 1st.

Revised 3/19/2021