

# School Participation Agreement

# 2023 - 2024



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.

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Primary Administrator (print)

Primary Administrator (Signature)

Date

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Primary Administrator's email address

Phone #

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

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Second School Contact (print)

Second School Contact (signature)

Date

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Second School Contact's email address

Phone #

**PO Box 886, Sioux Falls, SD 57101  
(605) 679-0112**

[www.sdpartnersinedu.org](http://www.sdpartnersinedu.org)  
**Empower. Engage. Enrich.**

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 1<sup>st</sup>.

**Please sign, scan, and email this form to [sdpartnersinedu@gmail.com](mailto:sdpartnersinedu@gmail.com)**

Revised 3/24/2023