

School District of Polk County
Exceptional Student Education
McKay Scholarship Program for Students with Disabilities

Letter of Intent

I, _____, intend for my child, _____, to participate in the McKay Scholarship Program for Students with Disabilities during the 2009-2010 school year. I understand that in order to be approved for the scholarship program:

- My child must be identified as a student with a disability and have an active individual educational plan.
- My child must have been in attendance at a Florida public school for the 2008-2009 school year.
- I must access www.floridaschoolchoice.org and file the intent to participate form with the Florida Department of Education.
- For public school option this letter of intent must be returned to the district no later than July 3, 2009.

If my child meets all of the above eligibility criteria, I may request enrollment in another public school or I may seek acceptance to a participating private school.

If I choose a private school, I must notify the state via the website www.floridaschoolchoice.org and file the intent to participate by July 3, 2009 to access all payment periods. I must also secure acceptance for my child at the private school and provide transportation.

If I choose a public school, I must notify the state via the website www.floridaschoolchoice.org and file the intent to participate by July 3, 2009. I understand I am making this selection for the entire school year, unless my child returns to his/her zone school or service school. Magnet, Choice, Charter, and Exceptional Student Education Centers are not selection options under this program.

Please complete all information:

Parent Signature: _____ Date: _____

Child's Date of Birth: _____ Home Phone: _____

2008-2009 Public School of Enrollment: _____

Public School Requested for 2009-2010: _____

Confirmation Number: _____ *Received after filing intent at www.floridaschoolchoice.org.

Parent Mailing Address: (please print)

Mail or Fax to: Polk County Schools
Exceptional Student Education
P.O. Box 391
Bartow, FL 33831

Fax Number 863-534-0031

Parent Email Address: (optional)

Transportation Required: yes no

Address for transportation: (please print)

