

# Tuition Support Application Form 2016-2017

New Applicant (First Year)			
Renewal:	Second Year	Third Year	Transition (Fourth Year)

**1. Student Information:**

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2016-2017: \_\_\_\_\_

Public School Currently Attending: \_\_\_\_\_

Designated Special Education Private School at which student has been accepted:			
<u>Bridgeway Academy:</u>	Dartmouth	Truro	<u>Churchill Academy:</u>
	Yarmouth	New Glasgow	<u>Landmark East:</u>

**2. Parent/Guardian Information:**

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w)  
 \_\_\_\_\_ (c) \_\_\_\_\_ (f) \_\_\_\_\_ (c) \_\_\_\_\_ (f)

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian (Name and address if different from above): \_\_\_\_\_

I hereby give permission to the Tuition Support Reviewing Officer and the Tuition Support Appeal Board Adjudicator to speak to school officials and/or physicians/psychologists to obtain/clarify information pertinent to this application.

<b>Signature of student if not in care of parent/guardian</b>	<b>Date</b>
<b>Signature of parent(s) / guardian(s)</b>	<b>Date</b>

<b>For Official Use</b>	Provincial ID Number: _____
Date Received: _____	Reviewer: _____
Approved: _____	
Declined: _____	Appeal Request Received: _____ Appeal Date: _____
Payee: _____	

### **3. Supporting Documentation for New Applicants:**

The following information must be submitted together with this application form:

- a) pertinent educational, medical and/or specialist documentation from qualified physician or psychologist documenting the student's diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), an Autism Spectrum Disorder (ASD) or a Learning Disability (LD),  
*NOTE: Should documentation of the student's diagnosis be pending, all other documentation should be submitted and the application will be held open until receipt of the diagnostic report.*
- b) letter of acceptance at the designated special education private school for which tuition is requested,
- c) proof that the student has previously studied in a public school in Canada for at least one school year before the date of application,
- d) (i) a copy of the student's Individualized Program Plan from a public school for a previous school year or documented evidence that the decision has been made through the program planning process to proceed with the development of an IPP.  
(ii) an outline of the individualized programming and services proposed for the student in the designated special education private school for **2016-2017**,
- e) a written rationale from the student or their parent(s) explaining what positive effects to the student's academic and behavioural well-being the programming and services provided by the DSEPS will add to the positive effects of the public school Individualized Program Plan and the programming and services offered by the school board. Please forward this application form and supporting documentation:

### **4. For Renewals please include:** (b), d(ii) and (e) from the above list.

#### **By Mail:**

Tuition Support Program  
Student Services Division  
Department of Education and Early Childhood Development  
P.O. Box 578  
Halifax, NS B3J 2S9

#### **In Person:**

Tuition Support Program  
Student Services Division  
Department of Education and Early Childhood Development  
2021 Brunswick Street, 4th Floor  
Halifax, NS B3K 2Y5

#### **By Fax:**

(902) 424-0749

#### **Telephone Inquiries:**

(902) 424-4576

**For more information:**

**<http://tuitionsupport.ednet.ns.ca/>**