

Tuition Support Application Form 2017-2018

New Applicant (First Year) <input type="checkbox"/>	Renewal: Second Year <input type="checkbox"/>	Third Year <input type="checkbox"/>	Transition (Fourth Year) <input type="checkbox"/>
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1. Student Information:

Student's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____ Grade 2017-2018: _____

Public School Currently Attending: _____

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

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.

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

For Official Use	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 **2017-2018**,
- 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/>