

Tuition Support Application Form 2024-2025

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

1. Student Information:

Student's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade 2024-2025: _____

Public School Currently Attending: _____

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

2. Parent/Guardian Information:

Parent/Guardian 1: _____	Parent/Guardian 2: _____
<input type="checkbox"/> Address same as above; or	<input type="checkbox"/> Address same as above; or
Address: _____	Address: _____
Telephone: _____ (h) _____ (w) _____ (c) _____ (f)	Telephone: _____ (h) _____ (w) _____ (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

<u>For Official Use</u>	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 (IPP) 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 **2024-2025**
- 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 Regional Centre for Education.

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

Please forward this application form and supporting documentation:

By Mail:

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

In Person:

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

By E-mail:

tuitionsupport@novascotia.ca

By Fax:

(902) 424-0749

Telephone Inquiries:

(902) 424-2300

For More Information: <http://tuitionsupport.ednet.ns.ca/>