



2019 - 2020

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## School Participation Agreement

After reviewing the school manual, please check off each item below. This document must be signed by the school's primary administrator. If another individual handles the administrative requirements for the students and families receiving a SDPE Scholarship, s/he must also sign this document under the designation of SDPE Coordinator.

- 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.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address where checks will be sent

\_\_\_\_\_  
Primary Administrator (print)                      Primary Administrator (signature)                      Date

\_\_\_\_\_  
Primary Administrator's email address

*If the person who will be responsible for the documentation requirements of the program (verifying students and payments, submitting school forms, etc.) is different than the person named above, that individual must also sign below.*

\_\_\_\_\_  
SDPE Coordinator (print)                      SDPE Coordinator (signature)                      Date

\_\_\_\_\_  
SDPE Coordinator email address

*Please sign, scan and email this form to [sdpartnersinedu@gmail.com](mailto:sdpartnersinedu@gmail.com).  
Please mail the original along with a listing of member tuition and fees and non-member tuition and fees to the mailing address below. This form and tuition/fees information must be submitted by **August 1<sup>st</sup>**.*

Revised 5/17/2019

**South Dakota Partners in Education**  
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