



THE REFORM ALLIANCE

This form must be completed and signed by a school administrator.

Please upload this form at the time you submit your student's Online scholarship application. A student is eligible to receive Philanthropic Investment in Arkansas Kids if:

1. The student was enrolled on a full-time basis in a public school in Arkansas in the previous school year

Parent/Guardian: This form verifies that your student attended a public school in the school year prior to attending the private school. A public school representative **MUST** complete this form, **not the parent/ guardian**. If your student attended more than one public school in the year prior to attending the private school, please submit multiple forms from each Arkansas public school. It is your responsibility to coordinate the completion and submission of this form to The Reform Alliance. You must also submit an Application for the named student, please apply online at www.thereformalliance.org.

Public School: Please provide the public school name, district, the student's start and end dates of the prior and current school year's attendance for these academic years (if applicable). All dates must specify the month, day and year. Please return the completed form to the requesting parent/ guardian or submit to The Reform Alliance directly.

Student Name: _____
Public School and District Name: _____
Current School Year (if applicable): ____/____/____
Student's Start Date of CURRENT School Year: ____/____/____
Student's Last Day of CURRENT School Year: ____/____/____
Student was enrolled for one full semester of the CURRENT school year. <input type="checkbox"/> Yes <input type="checkbox"/> No CURRENT Grade: _____
If NO, student was enrolled for _____ days of the school year.
Prior School Year (if applicable): ____/____/____
Student's Start Date of PRIOR School Year: ____/____/____
Student's Last Date of PRIOR School Year: ____/____/____
Student was enrolled for one full semester of the PRIOR school year. <input type="checkbox"/> Yes <input type="checkbox"/> No PRIOR Grade: _____
Name and Title of school official completing this form: _____
Signature: _____ Date: ____/____/____

P.O. Box 1162, Little Rock, AR 72203

P: 501-244-9028 | F: 888-676-4683 | E: info@thereformalliance.org