

# Tuition Donation Credit (TDC) Program

## Enrollment Adjustment Form

STO Name		STO ID
School Year	Quarter	Date Submitted

Student Name		Student NPSID
Grade	Date of Birth	Parish of Residence

Is the student listed on the STO's Prior School Year Check (PSC) for the school year in question?	YES or NO
Was the student previously reported on a quarterly enrollment report for the school year in question?	YES or NO
If so, for what quarter(s)?	1 2 3 4
Was the student NOT reported on a quarterly enrollment report <i>in error</i> for the school year in question? (Please attach documentation of the student's attendance for the quarter(s) in question.)	YES or NO
If so, for what quarter(s)?	1 2 3 4

Please explain why the STO will need to issue retroactive payment(s). Be sure to include all details as to why the student was NOT reported on a quarterly enrollment report(s) *in error* for the school year in question. (Please provide a signed and dated statement from the school where the student is/was enrolled if the school caused the reporting error.)

This form must be signed and dated. Please upload a completed form and attachments to the FTP. After doing so, please send notification to [studentscholarships@la.gov](mailto:studentscholarships@la.gov).

STO Contact (print): \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_