

## Receipt for parent or guardian

### Instructions to Parents:

Please maintain this receipt and your school choice page as proof of your application. If you have any questions regarding this application or the program in general, please email the Scholarship Team at [studentscholarships@la.gov](mailto:studentscholarships@la.gov).

By submitting this application to the Louisiana Scholarship Program, you are granting permission for the Louisiana Department of Education to utilize, and to disclose to third parties, any information provided by you in this application to verify eligibility for the program and if a scholarship is awarded, to continue to utilize, and to disclose to third parties, this information as it relates to the award granted.

### Instructions for Schools:

Please complete the form below, sign and date and return to the parent or guardian applying for the Scholarship Program.

<b>School name:</b>
<b>Date:</b>
<b>Name of parent(s) or guardian(s):</b>
<b>Name of student applying:</b>

Please fill in the school selections from the applications.

Choice	School Site Code	Name of School	Name of School Parish/District
1			
2			
3			
4			
5			

### Please sign below if you have:

1. Received the application,
2. Provided the parents or guardians with this receipt, and
3. Verified the family is eligible to participate in the program.

<b>Name of school representative reviewing the application</b>	
<b>Signature of school representative reviewing the application</b>	<b>Date</b>