A parent or guardian requesting a waiver of the prior school year attendance requirements of the Georgia Special Needs Scholarship (GSNS) Program in accordance with O.C.G.A. § 20-2-2114 (a)(3) must file this application on behalf of his or her child with the Georgia Department of Education (GaDOE).

Documentation must include the following:

* An evaluation by a licensed physician of medicine or psychiatry. The evaluation report shall indicate the diagnosis/prognosis of the child's health impairment, along with information as applicable regarding medications, special health care procedures and special diet or activity restrictions. The evaluation report shall be current within one year and must document the impact of the physical condition on the vitality, alertness or strength of the child. A medical diagnosis does not automatically include or exclude a child from determination of eligibility.
* A parent letter that specifies the medical need(s) of the student and how that need rises to the level of hardship or disability to waive the prior year requirement in the statute.

Within fifteen (15) business days of receipt of this application, the GaDOE will send an email to notify the parent or guardian that the form has been received. Failure by a parent or guardian to provide the requested information will result in an incomplete application which will not be processed by the GaDOE and will be returned to the parent or guardian.

If the application is complete, the GaDOE shall submit the request to the State Board of Education (SBOE) for review at its next scheduled meeting. The SBOE may, by a majority vote, grant a decision or deny the parent request. If approved by the State Board of Education, a waiver request will also need to be funded by the General Assembly before it can be accessed by the parent or guardian, unless funds are otherwise made available to the GaDOE.

A parent or guardian will be notified by letter or electronic means that the parent’s request has a and the decision rendered by the SBOE regarding the request.

**Email this form with accompanying documentation to** [iparks@doe.k12.ga.us](mailto:iparks@doe.k12.ga.us) or

**Fax to 678-692-0111, or by mail to**

**Iesha Parks**

**Program Manager**

**Special Needs Scholarship Program**

**Georgia Department of Education**

**Twin Towers East, Suite 2053**

**205 Jesse Hill Jr. Drive, SE**

**Atlanta, GA 30334**

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| **Date:**  ***This application must include:***   * **Parent Statement (Please submit in a letter form)** * **Medical Records**   **Name of Parent/Guardian:**  **Phone Number:**  **Parent E-Mail Address:**  **Legal Name of Student:**  **Student’s Date of Birth:**  **Last Public School Student attended in Georgia: *(If applicable)***  **County of Last Public School Attended in Georgia: *(If applicable)***  **Medical Diagnoses  from attached  Documentation:**  **Doctor’s name and medical credentials\***  **\*e.g. Medical Doctor (MD) or Doctor Osteopathy (DO)**  **Is the student currently enrolled in an approved private school (circle one)? Yes or No**  **If a student has never attended a Georgia public school, briefly describe the schooling the student has received.**  **Dates of attendance (School Year) Enrollment (Private school, Homeschool, or Out of State School)** |