

Displaced Verification Form

This form is to verify if your student is eligible as a Displaced student to benefit from the STO Program with APSTO. This form will be verified by the state.

STUDENT INFORMATION

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Previous Name(s) (if adopted)	<input type="text"/>
Birthdate MM/DD/YYYY	<input type="text"/>	Male / Female	<input type="text"/>
SSN	<input type="text"/>	Previous SSN	<input type="text"/>

LEGAL GUARDIAN INFORMATION AND AUTHORIZATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Student was placed in foster care in Arizona pursuant to A.R.S. Title 8, chapter 5

I permit the Arizona Department of Economic Security to provide information regarding the eligibility of the above student for tuition scholarship purpose and to release this information to Arizona Private School Tuition Organization (APSTO), school tuition organization.

<input type="text"/>	<input type="text"/>
Signature	Date

VERIFICATION (to be completed by DCS)

Student **QUALIFIES** for the Displaced Scholarship program in accordance with A.R.S. 43-1505

Student **DOES NOT** for the Displaced Student Scholarship program due to the following:

There is no indication that the child was in foster care in Arizona pursuant to A.R.S. Title 8, Chapter 4.

Other (explain):

DCS Verification Completed by:

<input type="text"/>	<input type="text"/>
Signature	Date

