



## Georgia Special Needs Scholarship Program: Military Students

The following form is for military students that would like to take advantage of the Georgia Special Needs Scholarship program pursuant to an amendment to **O.C.G.A 20-2-2110-Scholarship Programs for Special Needs Students**.

**Directions:** The Special Education Director (or designee) in the local school system in which the military student now resides will take the student's Individualized Education Plan (IEP) and use this form to document the student's demographic and service delivery information. **The following documentation must also be submitted to the Department of Education prior to review:**

- Proof of active duty military service.
- Documentation verifying that the student's previous year enrollment was in another state.

### STUDENT DEMOGRAPHIC INFORMATION

The following must be completed in its entirety:

System Name:	School Name: <small>Note: This is the public school student would attend based on geographic location.</small>
Student ID:	GTID (if available):
Last Name:	First Name:
Middle Name:	Grade Level:
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent Name:	Email Address:
Parent Contact Number:	[REDACTED]

### Race/Ethnicity (mark all that apply)

- Ethnic Hispanic
  Race Asian
  Race Pacific Islander
  Race American-Indian
  Race Black
  Race White

### SPECIAL EDUCATION SERVICE DELIVERY INFORMATION

Following the same process used in FTE coding indicate the six segments that demonstrate the type of educational services the student is eligible for based on grade level and special education services.

**Primary Area of Disability:** \_\_\_\_\_

Segment	Segment	Segment	Segment	Segment	Segment

### State Office Use Only

GTID Number: \_\_\_\_\_



## Georgia Special Needs Scholarship Program: Military Students

Print Name of School Personnel Completing Form

Title

Phone Number

Mail or fax the completed form to:

***Georgia Special Needs Scholarship: Military Students***

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

***Suite 2053***

***Atlanta, GA 30334***

***FAX: 770-344-5933***

**State Office Use Only**

GTID Number: \_\_\_\_\_