

**GEORGIA DEPARTMENT OF EDUCATION
GEORGIA SPECIAL NEEDS SCHOLARSHIP
ONLINE REPORTING SYSTEM
ACCESS FORM**

PRIVATE SCHOOL NAME: _____

ADDRESS: _____

ADD: (Name and Email Address) _____ _____ _____

DELETE (if applicable): (Name and Email Address) _____ _____ _____
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PRIVATE SCHOOL CONTACT PERSON NAME: _____ PHONE: _____ EMAIL: _____
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NOTE: This access will allow claims and reports to be filed electronically via the Internet. Please provide the user names, contact persons, phone numbers, e-mail addresses and fax numbers.

If you have questions concerning this matter, please contact Aquanda Cummings at (404) 657-2974 or acummings@doe.k12.ga.us

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

DATE: _____