

**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)**


**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 Ilesha Parks at 404-656-4328 or [iparks@doe.k12.ga.us](mailto:iparks@doe.k12.ga.us)

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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