

AUTISM & JON PETERSON SCHOLARSHIP PROGRAMS REQUEST FOR NEW PROVIDER

All or part of your Scholarship may be transferred to another participating provider during a school year. This form may be used to request a new provider. This form must be signed by the parent/guardian of the student.

- IMPORTANT -

In order for this change to be finalized, you will need to reallocate your scholarship funds. Please contact your primary provider to request reallocation.

STUDENT NAME: _____
(FIRST) (MIDDLE) (LAST)

STUDENT DATE OF BIRTH: _____ / _____ / _____

NAME OF NEW PROVIDER: _____

START DATE OF SERVICES WITH NEW PROVIDER: _____ / _____ / _____

SCHOLARSHIP PROGRAM: AUTISM JON PETERSON

I REQUEST THIS PROVIDER TO BE MY CHILD'S PRIMARY PROVIDER

I AUTHORIZE the provider listed above to provide education and related services to the student listed above in compliance with the student's IEP.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

THIS FORM MUST BE KEPT ON FILE WITH THE NEW PROVIDER