## HOPE SCHOLARSHIP NOTICE OF INTENT

Date:	
County Superintendent of County of Residence:	
County BOE Address:	

Dear \_\_\_\_\_,

As required by West Virginia Code §18-8-1(m), this letter is to inform you that I intend for my child(ren) to participate in the Hope Scholarship Program authorized by West Virginia Code §18-31-1 *et. seq.* The following child(ren) will begin participation in the Hope Scholarship Program effective with the 20\_\_\_\_\_ - 20\_\_\_\_\_ school year and will continue in the program until you are notified otherwise.

					Grade		Individualized
					Level for		Instructional
					Year		Program (IIP)*
School Year	Student Name	Date of			Noted		or Participating
Effective	(First, Middle, and Last)	Birth	Race	Sex/Gender	Above	WVEIS ID#	School**

\* An Individualized Instructional Program (IIP) is a customized educational experience that takes place either at home or another location. Hope Scholarship Students with an IIP are not enrolled in a participating school. Students attending a microschool or learning pod are IIP students under the Hope Scholarship program.

\*\*A Participating School is a non-public school that agrees to all the requirements to participate in the Hope Scholarship Program. The name of the specific non-public school is not required to be listed on the form.

The above children reside with me at the following address:

Street:	
City & State:	
Zip Code:	
County of Residence:	

For my child(ren) participating in an individual instructional program under the Hope Scholarship Program, I will annually submit my child(ren)'s test results or determination that he or she is (they are) making academic progress commensurate with his or her (their) age and ability pursuant to West Virginia Code §18-31-8(a)(4). My child(ren) shall receive instruction in reading, language, mathematics, science, and social studies. I will notify you if our home address changes.

For my child(ren) enrolled in a participating school, the participating school is required to annually file a notice of enrollment pursuant to West Virginia Code §18-31-11(a)(6).

By signing this document, I certify that I am the legal custodial parent or legal guardian of each child named in this document and that I have the legal authority to direct the education of each child named in this document.

Sincerely,

Parent/Guardian Signature:

Phone Number:

Parent Email Address:

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