

**Georgia Department of Education
 Georgia Special Needs Scholarship (GSNS) Program
 Section 504 Plan Qualification for Participation
 2021-2022 School Year**

GTID*:	
Last, First Name*:	
Date of Birth*:	
Last System Attended*:	
Last School Attended*:	

*Parent must complete

To Be Completed by Parent/Guardian

The Georgia Department of Education needs additional information to validate that your child qualifies for the Special Needs Scholarship for the 2021-2022 school year with a 504 Plan and this must be provided by the local school system.

The parent/guardian shall ensure the following is true before completing and submitting this form the local school system

- The student was enrolled and reported by a public school system or school systems for funding purposes at the time of at least one FTE program count, conducted each school year in October and March, during either the 2019-2020 or 2020-2021 school years, unless the student's parent is an active duty military service member stationed in Georgia within the previous year, or the student has been adopted or placed in a permanent guardianship from foster care pursuant to an order issued by a court of competent jurisdiction within the previous year, or the student previously qualified for a scholarship as provided in state law.

The student must also have had both a 504 plan in effect during the 2020-2021 school year and, the plan had to be related to one or more of the conditions listed in Question 2. A student that was indicated as 504 eligible but did not have a 504 plan does not meet the requirements in the law. The local school system must provide this 504 information to allow the Department to determine if the student is eligible for a scholarship award since we do not have access to this information.

As the parent/guardian of the student named above, I give permission to the local school system to review the records for this student and provide the requested information to the Georgia Department of Education to determine if the student qualifies for a Georgia Special Needs Scholarship award.

<p>PARENT/GUARDIAN</p> <hr/> Parent/Guardian Name (Printed) <hr/> Parent/Guardian (Signature) <hr/> Date	<hr/> Parent/Guardian Email* <hr/> Parent/Guardian Telephone Number* <p>*If any questions arise during this process, the school system may not be able to contact you in a timely manner if you do not choose to provide this information.</p>
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To Be Completed by the Local School System

The following information shall be completed by the local school system who will then submit the information to the Georgia Department of Education.

1) Did the student named on this form have a 504 Plan in effect at any point during the 2020-2021 school year?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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2) Check all the following conditions that are included in the 504 Plan documentation. Otherwise, check "None of the conditions listed".

<input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD); Attention deficit disorder (ADD)	<input type="checkbox"/> Drug or alcohol abuse	<input type="checkbox"/> Specific learning disability
<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Dual sensory impairment	<input type="checkbox"/> Spina bifida
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Cancer	<input type="checkbox"/> Emotional or behavioral disorder	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rare disease*
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> None of the conditions listed.
<input type="checkbox"/> Deafness	<input type="checkbox"/> Intellectual disability	
<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Muscular dystrophy	
<p>*Any rare disease identified by the National Institutes of Health's Genetic and Rare Diseases Information Center's list of rare disease disorders. Some conditions that are not considered rare are on this list and are labeled accordingly and do not qualify for participation in Special Needs Scholarship program.</p>		

The local school system will submit both pages of the completed form by email to iparks@doe.k12.ga.us, with "504 Plan Qualification for Participation" in the subject line or by fax at 678-692-0111.