

DISPLACED STUDENT APPLICANT VERIFICATION FORM

Date: _____

Name of Child: _____
First Middle Last

Previous Name(s): _____

Date of Birth (mm/dd/yy): _____ M/F: _____

Social Security Number (SSN): _____

Previous SSN: _____

Name of Legal Guardian: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Email: _____

Phone 2: _____

Return completed form to:

SCHOOL CHOICE ARIZONA

*Amber Ronan, Office Administrator
Fax: 480.361.1832
Email: aronan@schoolchoicearizona.org*

Verification (to be completed by DCS):

Student **QUALIFIES** for the Displaced Scholarship program in accordance with A.R.S 43-1505

Student **DOES NOT QUALIFY** for the Displaced Student Scholarship program due to the following:

There is no indication that the child was in foster care in Arizona pursuant to A.R.S. Title 8, Chapter 4

Other (explain): _____

DCS Verification Signature: _____

Date: _____