

HOPE SCHOLARSHIP NOTICE OF INTENT

Date: _____

County Superintendent: _____

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.

Student Name (First, Middle, and Last)	Date of Birth	Race	Sex/Gender	WVEIS ID#	Individualized Instructional Program (IIP)* or Participating 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.*

***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:
_____.

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 children 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).

Sincerely,

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone Number: _____

Parent Email Address: _____