

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



PUBLIC SCHOOL DISTRICT PARENTAL NOTIFICATIONS



Opportunity Scholarship Program Notification Verification Form (IEPC OSP-1)

District Name: _____

Eligible Schools: _____

SECTION I - Notification

1. How did you notify parents of eligible students about the available OSP public options?

Please check all methods that were used.

- Letter in the mail Letter sent home with students
 Telephone call Other: _____

2. How many parents did you notify? _____

3. What date(s) were the notifications distributed? _____

SECTION II – Placement

1. How many students requested a transfer to a higher performing public school (grade “C” or better) in your district? _____

2. How many of these students were granted a transfer? _____

3. How many students (if any) transferred to a higher performing school in an adjacent district?

4. How many students (if any) were not able to be placed? _____

Please include an explanation on school district letterhead for any students requesting a transfer that were unable to be placed.

SECTION III – Certification

The signatures below serve as verification that our district has complied with the parental notification requirements of Section 1002.38(3)(a), Florida Statutes.

OSP Contact Name OSP Contact Signature Date

Superintendent Name Superintendent Signature Date

Please complete, sign and fax this form to the attention of **Opportunity Scholarship Program**, the Office of Independent Education and Parental Choice at **850-245-9134** no later than **May 21, 2013**.