

6424 East Greenway Pkwy, Suite 100 • Scottsdale, AZ 85254 **P** 480-256-1001 • **F** 480-256-1002 • info@APSTO.org • www.APSTO.org

Public School Verification Form

A student is eligible to receive Switcher (Overflow/PLUS) Tax Credit Awards if The student attended a public school in Arizona as a full-time student (K-12) for at least 90 days or one full semester of the prior fiscal year before transferring to a qualified private school.

PARENT/GUARDIAN INSTRUCTIONS

The purpose of this form is to verify that your student attended a public school in the school year prior to attending private school. This information MUST be completed by a public school representative, NOT A PARENT. If your student attended more than one public school in the year prior to attending private school, please submit multiple forms to APSTO from each public school. It is the parent/guardian's responsibility to coordinate the completion and submission of this form to APSTO. You must also submit an APSTO Scholarship Application for the named student, please apply online at APSTO.org.

SCHOOL INSTRUCTIONS

Please provide the public school name, district, the student's start and end date of the prior and current school year's attendance for these academic years (if applicable). All dates must specify the month, day, and year. Once the form is completed, please return it to the requesting parent/guardian or submit it to APSTO directly.

STUDENT INFORMATION	
First Name	Last Name
Public School Name	Public School District
PRIOR SCHOOL YEAR (if applicable)	
Students start date of PRIOR school year (mm/dd/yyyy)	Student's last day of PRIOR school year PRIOR Grade (mm/dd/yyyy)
Student was enrolled for one full semester of the PRIOR school year. Yes No	
If NO, student was enrolled for do	ays of the school year.
CURRENT SCHOOL YEAR (if applicable)	
Students start date of CURRENT school year (mm/dd/yyyy)	Student's last day of CURRENT school year CURRENT Grade (mm/dd/yyyy)
Student was enrolled for one full semester of the CURRENT school year. Yes No	
If NO, student was enrolled for do	ays of the school year.
SCHOOL REPRESENTATIVE COMPLETING FORM	
Name	Title
Signature	Date