**OUT OF STATE** SCHOOL VERIFICATION FORM

A student qualifies for Overflow Tax Credit Scholarships if the following eligibility requirement can be verified:

- 1. The student moved to Arizona from out of state and enrolled directly in a qualified Arizona private school.
- 2. If the student enrolls in an Arizona public school or chooses to homeschool in Arizona (with or without an ESA) before attending a qualified private school, the student does not meet the out of state requirement.

## ALL INFORMATION IN SECTION 1 OR SECTION 2 IS REQUIRED

SCHOOLS: Section 1 must be completed by the out of state school the student attended immediately prior to enrolling in a qualified Arizona private school. In lieu of this form, a letter or copy from the school's enrollment database providing

| Student Name:   |  |   |   |   | Grade:   |
|---|--|---|---|---|--|
| Student's First Day of Enrollment (mm/dd/yy):                             |  |   | Student's Last Day of Enrollment (mm/dd/yy):          |   |  |
| School Name:  |  |   |   | Phone Numbe                                     | r:   |
| School Address:   |  |   |   |   |  |
| City:   | Sity: State  |   |   | ZIP:  |  |
| Form Completed by (   | (name of school employee ar  | nd title):  |   |   |  |
| Signature of School Employee:   |  |   | Date:   |   |  |
|   |  |   |   |   |  |
| orior to enrolling in a   |  | school. Subr  |   |   | schooled out of state immediatel<br>O Scholarship Application along  |
| orior to enrolling in a   | a qualified Arizona private :<br>wing documents. Please sel  | school. Subr<br>lect one:                                       | mit this form   | with the ACST                                   |  |
| orior to enrolling in a   | a qualified Arizona private :<br>wing documents. Please sel  | school. Subr<br>lect one:<br>ce of intent                       | nit this form<br>to homescho                          | with the ACST                                   | O Scholarship Application along the required government entity   |
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Print Name:

Date: