



Nevada Educational Choice Scholarship Program

School Registration

Please register _____(whole name of school) to receive Choice Scholarships for students who enroll in our school.

All four sections below **must be initialed** by the **Principal/Head of School** and the **Owner or President/Chairman of the Governing Board of the school**.

We understand we will be required to submit an electronic list of all participating scholarship pupils four times each school year and that this list will be due no later than October 15, January 15, March 15 and June 15 via File Zilla. ____/____ (Initial) .

We understand the format for the submission of our list will be provided by the Nevada Department of Education (NDE) and **must be used as formatted**. ____/____ (Initial)

We will use the nationally norm-referenced test to measure student progress per the NDE approved list. We plan to use: _____ for our students in grades: _____
_____/____ (Initial)

K – 2 students **may be** assessed with a non-nationally norm-referenced test once approved by the EPP for private schools. Call 775-687-7286 for approval. We also plan to use:
_____ for our students in grades: _____ ____/____ (Initial)]

We will submit assessment results to the NDE in the format the NDE requires no later than December 1st of each year so that the Department may aggregate all assessment results and provide a report as required by the adopted regulations amending NAC 385. ____/____ (Initial)

Signature Principal /Head of School:

Printed Name:

Date:

Email:

Signature Owner or President/Chairman of the Board:

Printed Name:

Date:

Email:

Complete School Address: