HOPE SCHOLARSHIP NOTICE OF INTENT

Date: _____

County Board of Education: _____

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.

School Year Effective	**Student Name** (First, Middle, and Last)	**Date of Birth**	**Grade Level for Year Effective**	**WVEIS ID#**	**Educational Pathway PLEASE CHECK ONE:** **Do not** leave this field blank (IIP refers to Individualized Instructional Program)
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School
					☐ IIP **or** ☐ Participating School

The above children reside with me at the following address:

Street: _____

City & State: _____Zip Code: _____

County of Residence: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Phone Number: _____

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 child(ren) 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).

By signing this document, I certify that I am the legal custodial parent or legal guardian of each child named in this document and that I have the legal authority to direct the education of each child named in this document.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

***WHERE TO SEND:** Email the completed form to the applicable email address for your county of residence at the following link: Hope County Board Emails.pdf

****PLEASE NOTE:** Submission of this form will result in the immediate withdrawal of your student from WV public school.

FOR **OPTIONAL** USE BY TRADITIONAL HOMESCHOOL STUDENTS MOVING TO THE HOPE SCHOLARSHIP PROGRAM: *If this does not apply to your student(s), please leave blank.*

This serves as a Notice of Termination for traditional homeschooling under exemption (c) for the following students:

School Year Effective	Student Name	Date of Birth