April 10, 2015

AFFIDAVIT (Private School Compliance Statement)
Required Annually

I, _____, swear and/or affirm under oath that:

1. I am the _____ (insert title) of _____ _____ (private school), a Lindsey Nicole Henry Scholarship Act approved private school.

2. _____ has been an approved private school for receipt of Lindsey Nicole Henry Scholarship funds since _____, 20___.

3. _____ (private school) is in compliance with state laws for the 2015-2016 school year, including but not limited to the following:

- ☐ Meets the accreditation requirement set by the State Board of Education or another accrediting association approved by the State Board of Education;
- ☐ Demonstrates fiscal soundness by having been in operation for (1) school year or providing the Oklahoma State Department of Education (OSDE) with a statement by a certified public accountant confirming that the private school desiring to participate is insured and the owner or owners have sufficient capital or credit to operate the school for the upcoming year by serving the number of students anticipated with expected revenues from tuition and other sources that may be reasonable expected;
- ☐ Complies with the antidiscrimination provisions of 42 U.S.C., Section 2000d;
- ☐ Meets state and local health and safety laws and codes;
- ☐ Will be academically accountable to the parent/legal guardian for meeting the educational needs of the student;
- ☐ Employs or contracts with teachers who hold baccalaureate or higher degrees, or have at least three (3) years of teaching experience in public or private schools, or have special skills, knowledge, or expertise that qualifies them to provide instruction in subjects taught;
- ☐ Complies with all state laws relating to general regulation of private schools; and
- ☐ Adheres to the tenet of its published disciplinary procedures prior to the expulsion of a scholarship student.

FURTHER, AFFIANT SAITH NOT.

DATE:_____ _____

Representative of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____.

_____
NOTARY PUBLIC
My Commission No.:_____

My Commission Expires: _____