



Wisconsin Department of Public Instruction
SPECIAL NEEDS SCHOLARSHIP PROGRAM (SNSP)
SCHOOL INFORMATION UPDATE
SNSP-0004 (Rev. 06-23)

*Collection of this information is a requirement of
Wis. Stats. §115.7915*

INSTRUCTIONS: Identify the school name and city, effective date of the change, and the reason(s) the form is being completed in Section I. Then complete the remaining sections identified in Section I.

Submit the completed and signed form to:
snsps@dpi.wi.gov

I. REASON COMPLETING FORM

Complete the school name and city and effective date of the change. Then, place a check in the box next to the reason(s) the school is completing this form. Finally, read the italics next to the reason or reasons to determine which sections must be completed.

School Name	School City	Effective Date of the Change(s)
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- Updating the school name *Complete Section III and include new school name above*
- Updating the school address(es) *Complete Sections II and III*
- Changing SNSP administrator *Complete Sections III and IV*

II. GENERAL INFORMATION

Address for School Location 1 <i>Street, City, State, ZIP</i>	Phone Area/No.
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School Mailing Address *Street, City, State, ZIP If different than above*

Address for School Location 2 *Street, City, State, ZIP*

Address for School Location 3 *Street, City, State, ZIP*

Address for School Location 4 *Street, City, State, ZIP*

Address for School Location 5 *Street, City, State, ZIP*


Address for School Location 6 *Street, City, State, ZIP*

III. AGREEMENT / SIGNATURES

I AGREE, on behalf of the private school, that the private school will comply with all of the requirements of the Special Needs Scholarship Program ("SNSP"), as set forth in Wis. Stat. §115.7915, Wis. Admin. Code ch. PI 49, and the department's trainings, guidance, and bulletins. This agreement constitutes a condition of receipt of funds under the SNSP. I further understand and agree that this notice of intent to participate is binding upon the private school, its successors, transferees and assignees for the period during which the private school is a participant in the SNSP. I assure, on behalf of the private school, that all contractors, subcontractors, subgrantees, and others with whom the private school arranges to provide services or benefits to its pupils, in connection with the SNSP, will not violate the requirements of the SNSP.

I have read Wis. Stat. §115.7915 and Wis. Admin. Code ch. PI 49. I understand that Wis. Stat. §115.7915 and Wis. Admin. Code ch. PI 49 are subject to statutory and administrative rule changes. In the event of failure to comply with the SNSP requirements, I understand that the school's participation in the SNSP can be terminated or payments withheld or both.

If the form is being provided due to a change in the SNSP administrator, the new SNSP administrator will receive an email from the department with instructions about how to access the SNSP Portal once the completed form is received and processed.

SNSP Administrator's Name	SNSP Administrator's Email Address
SNSP Administrator's Signature 	Date Signed <i>Mo./Day/Yr.</i>

I AUTHORIZE the designees identified by the previous SNSP administrator for the school. If you indicate no, all current designees will be removed. Once the SNSP administrator obtains access to the SNSP Portal, the administrator will be able to add or remove individual designees.

Yes

No

IV. GOVERNING BOARD AUTHORIZATION FOR NEW SNSP ADMINISTRATORS

I ATTEST, BY SIGNING THIS FORM, the governing board of the school has appointed the individual listed above to serve as the school's SNSP administrator. This change is to take effect on the date indicated in section I.

Head of Governing Board Name	
Head of Governing Board's Signature 	Date Signed <i>Mo./Day/Yr.</i>