



INSTRUCTIONS: This form is used to establish a new Choice administrator or to update contact information for a current Choice administrator. Complete Sections I and V for all changes. Sections II and III are only required if a new Choice administrator is being authorized. Section IV is only required if an existing Choice administrator is changing their contact information. Submit the completed and signed form to: PrivateSchoolChoice@dpi.wi.gov.

Collection of this information is a requirement of Wis. Stats. Stats. §§118.60 and 119.23 and Wis. Admin Codes PI 35 and PI 48.

Using This Form

If this form is being signed electronically, it should be downloaded and then opened in Acrobat Reader rather than filled out in the browser. Not all PDF features will work as intended when opened in a browser. If the form is being signed electronically, the individual(s) must click on the red flag in the top left corner of the electronic signature box next to their name. Individuals may also print the form and do a handwritten signature. If the handwritten signature option is used, the "Date Signed" must also be completed.

I. GENERAL INFORMATION

School Name	School City	Effective Date
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II. NEW CHOICE ADMINISTRATOR INFORMATION

Choice Administrator's Name <i>First and Last</i>	Choice Administrator's Email Address	Choice Administrator's Direct Phone <i>Area/No.</i>
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Choice Administrator's Personal Mailing Address *Street, City, State, Zip* (Must be address other than school address)

Under Wis. Stats. §§119.23(2)(a)6.b. and 118.60(2)(a)6.b. administrators of private schools participating in the PSCP must have at least a bachelor's degree from an accredited institution of higher education or a current teacher or administrator license from the DPI. Check which of the requirements the administrator meets and complete the information under the applicable requirement. A private school that does not comply with this requirement is ineligible to participate in or receive funding under the PSCP. If any of the information provided in answer to this question is found to be incorrect or misrepresented, the private school will not be eligible to participate in or receive funding under the PSCP.

I have *select one*:

- At least a bachelor's degree from an accredited institution of higher education. *Complete the first column.*
- A license issued by the DPI. *Complete the second column.*

At least a bachelor's degree from an accredited institution of higher education		License issued by the DPI
Name of Accredited Institution of Higher Education		Type of License <i>Check one</i> <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher
City and State		Entity (License) Number
Date Received <i>Mo/Yr.</i>	Degree Type <i>Check one</i> <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Date License Expires <i>Mo/Yr.</i>

I AUTHORIZE the designees identified by the previous Choice administrator for the school. *If you indicate no, all current designees will be removed. To add individual designees, complete the Designee Authorization and Update form found on [School Submitted Reports and Forms](#). To remove individual designees, the Choice administrator must email privateschoolchoice@dpi.wi.gov with the designee's information.*

- Yes No

Review the affirmations below and check the box if you agree. The Choice administrator form will not be authorized if both boxes below are not checked.

- I AFFIRM** that I have read the Program Requirements Training and that I have successfully completed the Program Requirements Quiz **OR** I have been a Choice administrator within two years of the effective date listed in Section I.

If you still need to complete this quiz, go to the [Choice Program Requirements Quiz](#) and do so prior to submitting this form.

- I AFFIRM** that I have read the OAS Access trainings and that I have successfully completed the OAS Access Quiz **OR** I have been either a Choice administrator or designee within two years of the effective date listed in Section I.

If you still need to complete this quiz, go to the [Online Application System Access Quiz](#) and do so prior to submitting this form.

**III. GOVERNING BOARD AUTHORIZATION FOR
NEW CHOICE ADMINISTRATOR**

By signing below, I attest that I am the governing board chairperson and that the governing board has appointed the individual named in Section II to serve as the Choice administrator. This change is to take effect on the date indicated in Section I.

Governance Board Chairperson's Name *First and Last*

Governance Board Chairperson's Signature



Date Signed *Mo./Day/Yr.*
If electronic signature is not used

**IV. CHOICE ADMINISTRATOR
CHANGE IN CONTACT INFORMATION**

Existing Choice Administrator with Changed Contact Information

Name <i>First and Last</i>	New Name <i>First and Last</i>	Updated Personal Address Other than School Address <i>Street, City, State, Zip</i>	Updated Phone Number	Updated Email Address

V. CHOICE ADMINISTRATOR SIGNATURE

I AM AUTHORIZED on behalf of the school as either sole owner or by appointment as administrator by the school's operating organization, and I am not a disqualified person as defined under Wis. Stats. §§119.23(1)(ag) or 118.60(1)(ag). A disqualified person is defined as a person who had a controlling ownership interest in, or was an officer, director or trustee of a private school barred or terminated from the program, or was the administrator of a private school, a person identified as an administrative designee, or an individual responsible for the activity that resulted in an order being issued **barring or terminating a private school from participation in the program.**

I ACKNOWLEDGE that if the private school is barred or terminated from the program, I may be prohibited from having an ownership interest in, serving as an officer, director, trustee, administrator or administrator designee, or person responsible for administrative, financial, or pupil health and safety matters, for compensation or as a volunteer, at another private school participating in the choice program for seven years from the date of the state superintendent's order barring or terminating the private school from the program. If this occurs, an order with appeal rights will be sent to the address on the most recently received DPI form. I will not share my user name or password with anyone and acknowledge that failure to keep user names and passwords secure will lead to revocation of my OAS access.

THE PRIVATE SCHOOL AGREES that compliance with all of the requirements in Wis. Stats. §§118.60 and/or 119.23 and Administrative Codes PI 35 and/or PI 48 constitute a condition of receipt of funds under the program. The school assures that all contractors, subcontractors, subgrantees, and others with whom it arranges to provide services or benefits to its students in connection with this program are not in violation of the stated statutes, regulations, guidelines, and standards. In the event of failure to comply with PSCP requirements, the school understands that its **participation in the program can be terminated.**

If a Choice administrator has updated contact information or moves, he or she must notify the DPI using this form. Failure to complete this form on a timely basis may result in the school official not receiving an order sent by the DPI.

Wis. Stats. §§118.60 and 119.23 and Wis. Admin Codes PI 35 and PI 48, are subject to statutory and administrative rule change. I have read the notice, statutes (Wis. Stats. §§118.60 and/or 119.23), and administrative rules (Wis. Admin Codes PI 35 and PI 48) and guarantee that the school will comply with all its provisions.

I CERTIFY that all information on this form is complete and accurate to the best of my knowledge.

Choice Administrator's Signature



Date Signed *Mo./Day/Yr.*
If electronic signature is not used