



**INSTRUCTIONS:** This form is used to establish a new designee or to update contact information for a current designee. Complete Section I for all changes. Sections II and III are only required if a new designee is being authorized. Section IV is only required if an existing designee is changing his/her contact information. Section V has instructions for removing a designee. Submit the completed and signed form to: [PrivateSchoolChoice@dpi.wi.gov](mailto: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 saved to your computer. The saved file should be opened in Acrobat Reader. Do not fill out the form 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

II. NEW DESIGNEE INFORMATION		
Designee 1 Name <i>First and Last</i>	Designee's Email Address	Designee's Direct Phone <i>Area/No.</i>

Designee's Personal Mailing Address *Street, City, State, Zip* (Must be address other than school address)

I affirm that I have read the OAS Access trainings and that I have successfully completed the OAS Access Quiz OR I have been 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.

If the above box is not checked, this designee will not be authorized.

**I CERTIFY AND ACKNOWLEDGE, BY SIGNING THIS FORM** I will report throughout the year any changes in my contact information to the DPI using this form.

**I FURTHER ACKNOWLEDGE** that if the private school is barred or terminated from the PSCP, I may be prohibited from having an ownership interest in or serving as an officer, director, trustee, administrator, 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 PSCP, for seven years from the date of the state superintendent's order barring or terminating the private school from the PSCP.

Designee's Signature  	Date Signed <i>Mo./Day/Yr.</i> <i>If electronic signature is not used</i>
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Designee 2 Name <i>First and Last</i>	Designee's Email Address	Designee's Direct Phone <i>Area/No.</i>
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Designee's Personal Mailing Address *Street, City, State, Zip* (Must be address other than school address)

I affirm that I have read the OAS Access trainings and that I have successfully completed the OAS Access Quiz OR I have been 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.

If the above box is not checked, this designee will not be authorized.

**I CERTIFY AND ACKNOWLEDGE, BY SIGNING THIS FORM** I will report throughout the year any changes in my contact information to the DPI using this form.

**I FURTHER ACKNOWLEDGE** that if the private school is barred or terminated from the PSCP, I may be prohibited from having an ownership interest in or serving as an officer, director, trustee, administrator, 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 PSCP, for seven years from the date of the state superintendent's order barring or terminating the private school from the PSCP.

Designee's Signature  	Date Signed <i>Mo./Day/Yr.</i> <i>If electronic signature is not used</i>
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## II. NEW DESIGNEE INFORMATION (cont'd)

Designee 3 Name <i>First and Last</i>	Designee's Email Address	Designee's Direct Phone <i>Area/No.</i>
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Designee's Personal Mailing Address *Street, City, State, Zip* (Must be address other than school address)

I affirm that I have read the OAS Access trainings and that I have successfully completed the OAS Access Quiz OR I have been 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 Access System Quiz](#) and do so prior to submitting this form.

If the above box is not checked, this designee will not be authorized.

**I CERTIFY AND ACKNOWLEDGE, BY SIGNING THIS FORM** I will report throughout the year any changes in my contact information to the DPI using this form.

**I FURTHER ACKNOWLEDGE** that if the private school is barred or terminated from the PSCP, I may be prohibited from having an ownership interest in or serving as an officer, director, trustee, administrator, 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 PSCP, for seven years from the date of the state superintendent's order barring or terminating the private school from the PSCP.

Designee's Signature  ➤	Date Signed <i>Mo./Day/Yr.</i> <i>If electronic signature is not used</i>
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## III. CHOICE ADMINISTRATOR AUTHORIZATION FOR NEW DESIGNEE(S)

**I CERTIFY**, by signing below, that I am the Choice administrator, that this information is true and correct to the best of my knowledge, and that the designee(s) named in Section II has been authorized to certify PSCP student applications and have access to the PSCP online application system for the school named in Section I beginning on the effective date indicated in Section I.

Choice Administrator's Name *First and Last*

Choice Administrator's Signature  ➤	Date Signed <i>Mo./Day/Yr.</i> <i>If electronic signature is not used</i>
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## IV. EXISTING DESIGNEE CHANGE IN CONTACT INFORMATION

Name <i>First and Last</i>	New Name <i>If applicable</i>	Updated Phone <i>Area/No.</i>	Updated Email Address
Updated Personal Address Other than School Address <i>Street, City, State, Zip</i>		Electronic Signature  ➤	Date Signed <i>If electronic signature is not used</i>

## V. REMOVAL OF DESIGNEE

To remove a designee, the Choice administrator should send an email to [privateschoolchoice@dpi.wi.gov](mailto:privateschoolchoice@dpi.wi.gov) with the name of the designee who should be removed.