Training 3-4:

School Update Forms

WISCONSIN DEPARTMENT OF
Public Instruction
Jill K. Underly, PhD, State Superintendent

School Update Forms

This training will cover the four forms below:

- School Information Update
- Choice Administrator Authorization and Update
- Designee Authorization and Update
- Governing Board Update

School Information Update Form

Choice administrators may use this Qualtrics form at any time to report the following:

- Change in school's name
- Addition or removal of a school location
- Change in grades offered to MPCP, RPCP, and/or all grades available (including those not offered to Choice students)

School Information Update (continued)

- A Choice administrator must first provide general information about the school and the reasons for submitting the form.

- If a school also participates in the Special Needs Scholarship Program (SNSP), this form cannot be used to submit a change for SNSP.

General Information

First Name

Last Name

Email Address

Current Name of Your School

City Where Your School Located

Current Phone Number of Your School

In which program(s) does your school participate? *Check all that apply.*

- ☐ Choice - Wisconsin Parental Choice Program (WPCP)
- ☐ Choice - Milwaukee Parental Choice Program (MPCP)
- ☐ Choice - Racine Parental Choice Program (RPCP)
- ☐ Special Needs Scholarship Program or SNSP

Check the box next to the reason(s) for completing this form.

- ☐ Updating the school name or phone number
- ☐ Adding/removing school address
- ☐ Updating grade levels served for MPCP
- ☐ Updating grade levels served for RPCP
- ☐ Updating ALL grade levels (this includes grades not offered to Choice students)
- ☐ Changing School Term End Date

School Information Update (continued)

- A Choice administrator will see this section of the form if they are updating the school's name and/or phone number.
- A choice administrator will see this section if adding or deleting school locations.
- A school can't change its Federal Employer Identification Number (FEIN) through this form.

School Name or Phone Change

Instructions: *a school cannot change its Federal Employer Identification Number (FEIN) through this form. If a school is considering a FEIN change, contact DPI at DPI.PrivateSchoolChoice@dpi.wi.gov for information about next steps.*

Please complete all that apply:

New name of your school

Effective date
Example: 01/15/2021

New phone number of your school

Effective Date

If the DPI should change Choice administrator and designee phone numbers from the old school phone number to the new school phone number, please send an email to privateschoolchoice@dpi.wi.gov requesting that this be done.

Instructions: If you need to change a current location address, please remove the incorrect address and then in another location field, add the correct address. For example, if a school needs to remove 1 location and add 1 location, it should select 2.

Please answer this question.

Locations

How many locations are being added or removed?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ If more than 5 locations, contact DPI at privateschoolchoice@dpi.wi.gov.

School Information Update (continued)

- A Choice administrator who needs to update grades available will complete a screen similar to the one seen on the right.
- There is a different portion of the form for MPCP grade changes, RPCP grade changes, and changes to all grade levels available, which includes those not offered to Choice students.
- A school should not remove grades unless it does not have any applications that are pending an eligibility determination or that have already been determine eligible in that grade.
- A school can't update WPCP grades through this form. WPCP schools may not add WPCP grades on or after the first weekday in February (the start of the WPCP application period).

MPCP Grade Changes

Grades offered for the MPCP may be changed prior to an open application period by submitting this form.

A school should not remove grades unless it does not have any applications that are pending an eligibility determination or have already been determined eligible in that grade.

Schools do not need to notify the DPI if there are changes in the number of seats available for a grade.

Given the information above, do you need to add or remove any grades offered to MPCP students at your school?

- ○ Yes
- ○ No

Date these changes are effective? *Example: 01/01/2021*

Check ALL grades offered to MPCP Choice students at your school, whether previously reported or not.

- ☐ K4 .5 FTE
- ☐ K4 with Outreach .6 FTE
- ☐ K5 .5 FTE
- ☐ K5 .6 FTE
- ☐ K5 .8 FTE
- ☐ K5 1.0 FTE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

Choice Administrator Authorization and Update Form

This fillable PDF form can be used at any time to:

- Establish a new Choice administrator for a continuing school
- Change contact information for an existing Choice administrator

Establishing a new Choice administrator requires:

- Signature of the Choice administrator
- Signature of the Governing Board Chair
- Affirmation that Choice administrator has read the trainings and completed both the OAS Access Quiz and the Program Requirements Quiz

Changing contact information for an existing Choice administrator requires:

- Signature of the Choice administrator

Choice Administrator Authorization and Update
(continued)

- A Choice administrator must complete Section I of the form, which provides general information about the school and effective date of the change.

- If a new Choice administrator is being established, Section II of the form must be completed. In this section, the new Choice administrator must provide information verifying that they meet the requirements to become a Choice administrator.

II. NEW CHOICE ADMINISTRATOR INFORMATION

Choice Administrator's Name *First and Last*	Choice Administrator's Email Address	Choice Administrator's Direct Phone *Area/No.*

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 *Check one* ☐ Administrator ☐ Teacher
City and State		Entity (License) Number
Date Received *Mo/Yr.*	Degree Type *Check one* ☐ Bachelors ☐ Masters ☐ Doctorate	Date License Expires *Mo/Yr.*

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.

Choice Administrator Authorization and Update (continued)

- If a new Choice administrator is being established, the governing board chairperson must complete and sign Section III of the form.
- Section IV of the form enables existing Choice administrators to update their contact information.
- Choice administrators must always complete and sign Section V of the form.

Page 2 PI-PCP-120

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 *First and Last*	New Name *First and Last*	Updated Personal Address Other than School Address *Street, City, State, Zip*	Updated Phone Number	Updated Email Address

V. CHOICE ADMINISTRATOR SIGNATURE

Designee Authorization and Update Form

This fillable PDF form can be used at any time to establish a new designee (designated by the Choice administrator to assist with processing applications) and change contact information for an existing designee.

Establishing a new designee requires:

- Signature of the designee
- Affirmation that the designee has read the trainings and completed the OAS Access Quiz
- Signature of the Choice administrator

Changing contact information for an existing designee requires:

- Signature of the designee

Designee Authorization and Update (continued)

- The person submitting the form must complete Section I of the form, which provides general information about the school.

- If a new designee is being established, Section II of the form must be completed. In this section, the new designee will need to provide information verifying that they meet the requirements to become a designee.

I. GENERAL INFORMATION

School Name	School City	Effective Date

II. NEW DESIGNEE INFORMATION

Designee 1 Name *First and Last*	Designee's Email Address	Designee's Direct Phone *Area/No.*

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 OAS Access Training and Quiz webpage 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 *Mo./Day/Yr.* *If electronic signature is not used*

Designee 2 Name *First and Last*	Designee's Email Address	Designee's Direct Phone *Area/No.*

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 OAS Access Training and Quiz webpage 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 *Mo./Day/Yr.* *If electronic signature is not used*

Designee Authorization and Update (continued)

- If a new designee is being established, the Choice administrator must complete and sign Section III of the form.
- Section IV of the form enables existing designees to update their contact information.

II. NEW DESIGNEE INFORMATION (cont'd)

Designee 3 Name *First and Last*	Designee's Email Address	Designee's Direct Phone *Area/No.*

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

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

IV. EXISTING DESIGNEE CHANGE IN CONTACT INFORMATION

Name *First and Last*	New Name *If applicable*	Updated Phone *Area/No.*	Updated Email Address

Updated Personal Address Other than School Address *Street, City, State, Zip*	Electronic Signature	Date Signed *If electronic signature is not used*
	➢	

V. REMOVAL OF DESIGNEE

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

Governing Board Update Form

This fillable PDF form should be used by governing board members to report a name or contact information change anytime it occurs. This form can also be used annually (due by August 1) to:

- Add governing board member
- Remove governing board member

Adding or removing a governing board member requires:

- Signature of new board member (signatures not needed for board member being removed)
- Signature of Choice administrator

Updating name or contact information for a governing board member requires:

- Signature of impacted board member
- Signature of Choice administrator

Governing Board Update (continued)

- Complete Section I of the form, which provided general information about the school.
- Section II must be completed and signed by the Choice administrator if any board members are being added or removed through the form.
- If a new board member has joined the board since the last time the form was submitted, the "New Governing Board Members Since Last Submission" portion of Section III on page 1 must be completed.

I. GENERAL INFORMATION

School Name			School Year
Street Address	City	State	ZIP

II. CHOICE ADMINISTRATOR SIGNATURE

Private schools participating in the PSCP must submit the information required under Wis. Stats. §§118.60(6m) or 119.23(6m) related to the school's governing board to the department using this form. The Choice administrator is to sign the form indicating the information contained in this form is correct. If this form is only being used to notify the DPI of name or contact information changes for existing board members, a Choice administrator signature is not required.

Name of Choice Administrator *Type or Print*

Signature of Choice Administrator	Date Signed *Complete if not using electronic signature*
➢	

III. GOVERNING BOARD CHANGES / SIGNATURES

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.

New Governing Board Members Since Last Submission *(list)*

Name	Date Member Joined Board	Address Other Than School Address *Street, City, State, Zip*	Electronic Signature	Date Signed *Complete if not using electronic signature*

Governing Board Update (continued)

- If a board member has changes to their name or contact information, the "Governing Board Members with Changed Contact Information" portion of Section III on page 2 must be completed.

- If a board member has been removed from the board since the last time the form was submitted, the "Governing Board Members to be Removed Since Last Submission" portion of Section III on page 2 must be completed.

Page 2 PI-PCP-56

III. GOVERNING BOARD CHANGES / SIGNATURES (cont'd)

Governing Board Members with Changed Contact Information *(list)*

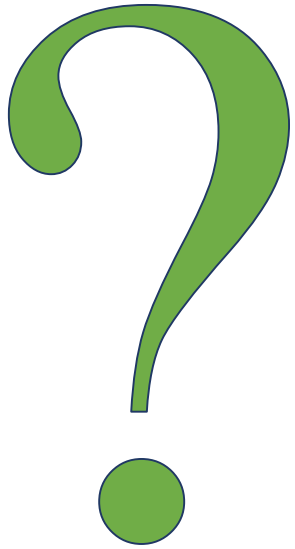
Name	New Name *If applicable*	Updated Address Other Than School Address *Street, City, State, Zip*	Electronic Signature	Date Signed *Complete if not using electronic signature*

Governing Board Members to be Removed Since Last Submission *(list)*

Name	Date Member Left Board	Name	Date Member Left Board

Questions

Website: https://dpi.wi.gov/parental-education-options/choice-programs

Email: privateschoolchoice@dpi.wi.gov

Phone: 1-888-245-2732 ext. 3