Wisconsin Department of Public Instruction
PRIVATE SCHOOL CHOICE PROGRAMS (PSCP)
AUDITOR FEE
PI-PCP-110 (Rev.10-18)

INSTRUCTIONS: This form is for schools intending to participate in the Private School Choice Program (PSCP).

Send signed original form and cashier's check to the Wisconsin Department of Public Instruction (DPI) ***no later*** *than the date, and to the address, specified below under section II.*

Type or Print Legibly

I. SCHOOL INFORMATION	
School Name	City

II. REQUIREMENTS

To participate, a school must make payment in the form of a **cashier's check** payable to the DPI for **$400**. **Other forms of payment are not accepted**. *This fee is nonrefundable***,** regardless of whether or not the school participates in the PSCP.

There are separate deadlines depending on when the school is eligible to participate in the PSCP. **This form and payment must be received by the DPI no later than the deadline specified below.**

1) Under Wis. Stats. §§119.23(2)(a)3 and 118.60(2)(a)3, every private school intending to participate in the PSCP during the **2019-20 school year** must pay a nonrefundable fee of $400 to the Wisconsin Department of Public Instruction **no later than January 10, 2019, at 4:30 p.m**.

OR

2) Under Wis. Stats. §§119.23(2)(ag) and 118.60(2)(ag) every private school intending to participate in the PSCP **beginning** the **2020-21 school year** must pay a nonrefundable fee of $400 to the Wisconsin Department of Public Instruction **no later than August 1, 2019, at 4:30 p.m.**

Late payments are not accepted.

Mail or deliver the **cashier's check** and this form to:

Mailed
Wisconsin Department of Public Instruction
Business Office
PO Box 7841
Madison, WI 53707-7841

Delivered
Wisconsin Department of Public Instruction
Business Office
125 South Webster Street
Madison, WI 53703

III. SIGNATURE

I, CHOICE ADMINISTRATOR, OF THE ABOVE-NAMED SCHOOL (in section I) have read this form and understand the fee payment requirements and deadline under the PSCP. I understand and acknowledge that failure to pay this nonrefundable fee by the deadline for our school means that the school is not eligible to participate in the PSCP or receive any PSCP payments**.**

Choice Administrator Signature ➢	Date Signed *Mo./Day/Yr.*
Choice Administrator Name *Type or Print*	Telephone *Area/No.*