



# Tennessee Education Savings Account Program

## HOW TO SUBMIT YOUR APPLICATION

**To file an online application**, please scan the QR code below, or visit:  
[https://app.esa.tnedu.gov/users/sign\\_up](https://app.esa.tnedu.gov/users/sign_up)



**To file a paper application**, please mail or drop off in person to the following address:

ESA Program c/o TDOE  
Andrew Johnson Tower, 10th Floor  
710 James Robertson Parkway  
Nashville, TN 37243

## Section 1: Student Information

### Student Name

First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____

### Home Address

**Eligibility Note:** A child's home address and primary residence must be zoned to attend one of the following school districts:

- Achievement School District
- Hamilton County School District
- Memphis-Shelby County School District
- Metro Nashville Public School District

Street	Apt / Unit	City	State	Zip Code
_____	_____	_____	_____	_____

### Student Grade: What grade will the student be in for the 2024-25 School Year?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Kindergarten          | <input type="checkbox"/> 4 <sup>th</sup> Grade | <input type="checkbox"/> 7 <sup>th</sup> Grade | <input type="checkbox"/> 10 <sup>th</sup> Grade |
| <input type="checkbox"/> 1 <sup>st</sup> Grade | <input type="checkbox"/> 5 <sup>th</sup> Grade | <input type="checkbox"/> 8 <sup>th</sup> Grade | <input type="checkbox"/> 11 <sup>th</sup> Grade |
| <input type="checkbox"/> 2 <sup>nd</sup> Grade | <input type="checkbox"/> 6 <sup>th</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> Grade | <input type="checkbox"/> 12 <sup>th</sup> Grade |
| <input type="checkbox"/> 3 <sup>rd</sup> Grade |  |  |   |

### Student Birth Information

Date of Birth (mm/dd/yy)	City of Birth	County of Birth	State of Birth	Country of Birth
_____	_____	_____	_____	_____

## Section 2: Student Demographic Information

The following information will **not** impact a child's approval for the program but is required to apply for the ESA Program

### Child's Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

### Child's Nationality

- Hispanic or Latino
- Not Hispanic or Latino

### Child's Sex

- Male
- Female

### What languages does the child speak at home? (Select all that apply.)

- English
- Spanish
- Arabic
- Other: \_\_\_\_\_

### Does the child have an Individualized Education Plan (IEP)?

- Yes
- No

### Does the child have a 504 Plan?

What is a 504 Plan?

- Yes
- No

### Is this child an English Language Learner (ELL)?

- Yes
- No

### Is this child an immigrant student?

- Yes
- No

### Enrollment Information

Date first enrolled in U.S. School? (mm/dd/yy)

Mother's Maiden Name

## Section 3: Parent and/or Guardian Information

Please fill out the following information for the parent/guardian of the applicant. Note: Parent(s) name(s) must be listed on supporting documentation for the application.

### Primary Parent/Guardian Information

Note: This will be the main point of contact from the ESA Team through email and phone.

First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____
Relation to Student	Preferred Language	Email Address	Phone Number
_____	_____	_____	_____

### Secondary Parent/Guardian Information

First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____
Relation to Student	Preferred Language	Email Address	Phone Number
_____	_____	_____	_____

## Section 4: Student Enrollment Eligibility Verification

Where did your child attend school for the 2023–24 school year?

School Name \_\_\_\_\_

School Location \_\_\_\_\_

What school year did your child enter kindergarten?

- |                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2024 – 2025 | <input type="checkbox"/> 2020 – 2021 | <input type="checkbox"/> 2016 – 2017 | <input type="checkbox"/> 2013 – 2014 |
| <input type="checkbox"/> 2023 – 2024 | <input type="checkbox"/> 2019 – 2020 | <input type="checkbox"/> 2015 – 2016 | <input type="checkbox"/> 2012 – 2013 |
| <input type="checkbox"/> 2022 – 2023 | <input type="checkbox"/> 2018 – 2019 | <input type="checkbox"/> 2014 – 2015 |                                      |
| <input type="checkbox"/> 2021 – 2022 | <input type="checkbox"/> 2017 – 2018 |                                      |                                      |

Has your family moved to Tennessee during any of the following time periods?

- Within the last 12 months
  - Yes
    - i. If yes, when: \_\_\_\_\_
    - ii. Where did your family move from? \_\_\_\_\_
    - iii. Please include a transcript or report card from the previous school with your application.
  - No
- Between June 2019 to July 2022?
  - Yes
    - i. If yes, when: \_\_\_\_\_
    - ii. Where did your family move from? \_\_\_\_\_
    - iii. Please include a transcript or report card from the previous school with your application.
  - No

Has your child ever attended a public school in Tennessee?

- Yes
  - o If yes, School Name: \_\_\_\_\_
  - o School Location \_\_\_\_\_
- No

## Section 5: Income Eligibility Verification

A family’s annual household income must not exceed twice the limit for federal free lunch.

Options for showing proof of income are limited to the following:

1. Federal tax return (Form 1040, most recent for 2023); a W-2 is not sufficient as it may not be reflective of your total income, nor does it include household size.
  - a. Note: Individuals listed on the 1040 are considered household members, and the total income (line 9) is the amount used for calculating income eligibility with household size. The applicant child should be listed as a dependent.
2. Tennessee Assistance for Needy Families (TANF) most recent benefits statement or letter of eligibility dated within the past 12 months
3. TennCare benefits that are currently active for the child on the application, including a card or verification letter
4. Supplemental Nutrition Assistance Program (SNAP) most recent benefit statement or letter of eligibility indicating the student as a recipient, dated within the past 12 months

**Note:** "Economically Disadvantaged," pursuant to T.C.A. § 49-3-104(10), means, as defined in Tennessee's Every Student Succeeds Act (ESSA) plan established pursuant to the federal Every Student Succeeds Act (20 U.S.C. § 6301 et seq.), a homeless, foster, runaway, or migrant student or a student eligible for free or reduced-price school meals or milk through the direct certification eligibility guidelines established pursuant to 42 U.S.C. §§ 1751-1769.

### Which form of documentation will you be submitting on behalf of the child in order to determine eligibility?

Federal Tax Return for 2023

If Federal Tax Return is selected, please submit a copy of your 2023 Form 1040 with your application.

**NOTE:** Please review the income eligibility limits below in order to ensure income does not exceed eligibility requirement.

Household Size	Income Limit
<i>Every individual identified and/or claimed as dependent on the 2023 Form 1040</i>	<i>Your total income Amount may be found on line 9 of the 2023 Form 1040</i>
2	\$51,272
3	\$64,636
4	\$78,000
5	\$91,364
6	\$104,728
7	\$118,092

**Note:** If income is not less than limit based on household size on 1040, child is not eligible for ESA Program

TennCare Benefit

If TennCare is selected, please provide the following information:

**Member ID:**

\_\_\_\_\_

**Child's**

**Social Security Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TANF or SNAP Benefit Statement

If TANF or SNAP is selected, please submit a benefit statement or letter of eligibility dated within the past 12 months.

If SNAP is selected, please submit a benefit statement or letter of eligibility indicating the student as a recipient, dated within the past 12 months.

## Section 6: Residency Eligibility Verification

A child's home address and primary residence must be zoned to attend Memphis-Shelby County Schools, Hamilton County Schools, Metro Nashville Public Schools, or a school in the Achievement School District on May 24, 2019. To show proof of residency, a family must submit two of the following documents with the application. Submitted documents should list a parent's name and include the same address as listed on the application.

### Documentation Required for Residency Eligibility Verification

#### Please Provide TWO (2) Proofs of Residency

The following is a list of documents that may be used as proof of residency for the **Tennessee Education Savings Account (ESA) Program**. Both documents must show your current address and contain the name of the parent or guardian listed on the application.

##### Issued within the **LAST 90 DAYS**

- **Utility Bills or Connection Notices**  
Home or Mobile Phone, Water, Gas, Electric, Internet, Cable, Waste Collection
- **Installment Loan Statement**  
Automobile, Mortgage, Personal, Student, Bank
- **Insurance Bill or Policy**  
Homeowner's or Renter's insurance, Automobile insurance, Life insurance, Health insurance
- **Affidavit of Residence**  
Landlord affidavit of residence (signed and notarized), Employer verification of resident address on company letterhead (signed), Employer verification of resident address without letterhead (signed and notarized)  
*Note: any affidavit of residence or verification without letterhead must be notarized*
- **Fiscal Documentation**  
Bank Statement, Employment Check Stub, W-2
- **Agency Documentation**  
Social Security, Disability, TANF (Temporary Assistance for Needy Families), SNAP (Supplemental Nutrition Assistance Program), Public Assistance / Government Benefits
- **Court Documentation**

##### Issued within the **LAST 365 DAYS**

- **Vehicle Registration or Title**  
Current Tennessee Vehicle Registration, Certificate of Vehicle Title
  - **Rental or Mortgage Contract**  
Deed of Sale for Property, Mortgage Contract, Rental or Lease Agreement (signed by landlord and resident)  
*Note: any handwritten contracts or agreements must be notarized*
  - **Tennessee Voter Registration Card**
  - **Tax Documentation**  
2023 IRS Tax Return (Form 1040), Real Estate Tax Receipt, Personal Property Tax Receipt
- (NON-EXPIRED)
- **Tennessee Identification Cards**  
Driver License, Identification License or Card, Handgun Carry Permit



[tn.gov/education/esa](https://tn.gov/education/esa)

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Which form of documentation will you be submitting on behalf of the child in order to determine residency eligibility?

**Document 1**

**Document 2**

**Note:** Two Acceptable Forms of Documentation must be submitted with application in order for application to be processed.

## Section 7: FERPA Release



Tennessee Department of Education  
Education Savings Account (ESA) Program  
Division of Choice • Andrew Johnson Tower  
710 James Robertson Parkway • Nashville, TN 37243  
Tel: (615) 741-9360 • Email: [ESA.Questions@tn.gov](mailto:ESA.Questions@tn.gov)

### FERPA Release

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student education records, as defined by 20 U.S.C. § 1232g/34 CFR § 99.3. In order for a student to participate in the ESA Program, the account holder must sign a release to allow the Tennessee Department of Education (department) to disclose personally identifiable information contained in the student's education records to the individuals and agencies listed below. This form is provided as a means for account holders to give the department permission to discuss the student's education records with someone other than themselves (written consent will be kept permanently on file).

I understand that the Family Educational Rights and Privacy Act of 1974 prohibits any further disclosure of this information without my specific written consent, or as otherwise permitted by such regulations. I understand that I have the right not to consent to disclosure of this information. I understand that this consent shall remain in effect until revoked by me, in writing, and delivered to the department, but that any such revocation shall not affect disclosures previously made by the department prior to the receipt of any such written revocation. If for any reason an account holder decides to cancel this release, the account holder must send an email withdrawing their consent, indicating the person(s) affected to: [ESA.Questions@tn.gov](mailto:ESA.Questions@tn.gov).

Having read and understand this release, I hereby authorize the department to release information regarding the student's education records to the following:

1. Any non-public school, public school, and postsecondary institution that the student currently attends, applied for enrollment at, or has previously attended,
2. Any non-public school that is currently participating in the ESA Program,
3. Any Tennessee state governmental entity, including, but not limited to, the Tennessee Department of Treasury, Tennessee Department of Children's Services, the Tennessee Student Assistance Corporation, and
4. The person(s) whose name(s) appear below.

Account holders may also give written consent to the department to discuss the student's education records with someone other than the account holder by writing the person's name in the boxes below.

Student's Name \_\_\_\_\_

Disclose to: Full Name #1 (Optional) \_\_\_\_\_

Disclose to: Full Name #2 (Optional) \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_

## Section 8: Assurances

Please review the assurances below. By completing and submitting this application, the applicant agrees to the following statements. As a condition of seeking approval as an ESA account holder, the applicant makes the following assurances by signing on page 10:

1. I understand that participation in the ESA Program shall have the same effect as a parental refusal to consent to the receipt of services under the federal Individuals with Disabilities Education Act (IDEA - 20 U.S.C. § Section 1414).
2. If my child currently has an Individualized Education Program (IEP), upon enrolling in the ESA Program and for as long as my student participates in the ESA Program:
  - a. I understand that my student will not be entitled to a free appropriate public education (FAPE) provided through an IEP.
  - b. I understand that my student's IEP will be inactivated and can only be reactivated by unenrolling from the ESA Program and re-enrolling in a public school district.
  - c. I understand that my student will be entitled to equitable services provided through a services plan.
  - d. I understand that my student does not have an entitlement to any particular special education and related services as part of the services plan.
3. I understand that the Tennessee Department of Education (department) uses Social Security Numbers to check identity, employment and income data, and other computer and government records. Income includes, but is not limited to, employment, self-employment, alimony, child support, disability benefits, Social Security/SSI, Worker's Compensation, unemployment benefits, pensions, stipends, and interest income.
4. I understand that if the number of program applications received by the department from eligible students exceeds the maximum number of students that may participate in the program for that school year, then the department will conduct an enrollment lottery process.
5. I understand that an awarded ESA is dependent upon proof of enrollment in a private school. I agree that prior to the first disbursement of ESA funds, I will provide proof of enrollment in a Category I, II, or III non-public school. I understand that no funds shall be disbursed to an ESA account without proof of enrollment in a Category I, II, or III non-public school.
6. I agree to release the public school district in which the student resides and the school for which the student is zoned to attend from all obligations to educate the student during the time the student is enrolled in the program.
7. I agree not to enroll the participating student in a public school, independent home school, state board approved Category IV or V non-public school or other school not approved by the Tennessee State Board of Education during the time the student is enrolled in the ESA Program.
8. I agree not to enroll the participating student in the Individualized Education Account (IEA) program during the time the student is enrolled in the ESA Program.
9. I understand that by signing this, I certify that I have the legal right and responsibility to direct the education of the student.
10. I agree to ensure the provision of an education for the participating student that satisfies the compulsory school attendance requirement provided in T.C.A. § 49-6-3001(c)(1) through enrollment in a State Board approved Category I, II, or III non-public school.



11. I agree to comply with the requirement that participating students in grades three through eleven (3-11) participate in the Tennessee Comprehensive Assessment Program (TCAP) tests for math and English language arts each year of enrollment in the program.
12. I understand that if the ESA is awarded, the ESA funds may only be used for the expenses listed in ESA Program law (T.C.A. § 49-6-2601, *et seq.*), Rules of the State Board of Education Chapter 0520- 01-16, Tennessee Department of Education ESA Program Procedures, and the ESA Family Handbook. I understand that these expenses include: tuition or fees at a participating school; required school uniforms; required textbooks; tuition and fees for summer education programs and specialized after-school education programs, as approved by the department; tutoring services provided by an individual who meets the requirements set by the department; tuition and fees at an eligible postsecondary institution; transportation to and from a participating school or education provider by a fee-for-service transportation service; textbooks required by an eligible postsecondary institution; fees for early postsecondary opportunity courses, exams, or exams related to college admission; educational therapies or services for participating students provided by a department-approved therapist; and computer hardware, technological devices, or other technology fees approved by the department, IF the technology is used for educational needs, is purchased at fair market value, and is purchased through a participating school, non-public school, or provider.
13. I understand that I shall obtain pre-approval for tuition and fees, computer hardware or other technological devices, tutoring services, educational therapy services, summer education programs and specialized after-school education programs, and any other expenses identified by the department. I further understand that if pre-approval is not obtained, the expense may be deemed an unapproved expenditure.
14. I understand that all payments of ESA funds will be electronic payments dispersed to an online account and will not be directly issued to an account holders' private, non-ESA accounts.
15. I understand that all qualifying purchases must be approved, and I understand that unapproved expenses may not be paid.
16. I understand that failure to submit a complete expense report and receipts by the deadline may result in termination from the ESA Program.
17. I understand that if a participating student enrolls in the ESA Program for less than an entire school year, the ESA amount for that school year shall be reduced on a prorated basis.
18. I understand that if I move or relocate outside of Shelby, Hamilton, or Davidson counties, I must notify the participating school and the department.
19. I understand that if I misuse, do not report, and/or fraudulently spend ESA funding, I will be responsible for repaying those funds to the State Treasurer, or the department may withdraw funds from the ESA account or withhold funds from future ESA payments. If the student has exited the program, and there are not enough funds remaining in the ESA account to cover the amount of the misspent funds, the account holder will need to repay the funds to the state following the process in the ESA Family Handbook.
20. I understand that if I misuse, fail to report, and/or fraudulently spend ESA funding, my student may be immediately removed from the ESA Program, the student's ESA account may be closed, and all funds remaining in the account will be forfeited. Cases of fraud may also be referred to the State Comptroller's Office or the State Attorney General's Office.
21. I understand that use of ESA funds must be for the sole benefit of the participating student

for which the ESA account is established. Any services, resources, and/or equipment purchased using ESA funds shall only be used by the participating student whose ESA paid for said services, resources, and/or equipment.

- 22. I understand that it is a conflict of interest and is considered a misuse of ESA funds and against ESA Program rules and procedures for a family member of a participating student, including a stepparent, or member of an eligible student's household, to derive any financial benefit from the ESA Program.
- 23. I understand that it is a conflict of interest and against ESA Program rules and procedures for a family member of a participating student, including a stepparent, or a member of a participating student's household, to provide a professional recommendation or approval for a service or for the use of computer hardware or another technological device for the participating student. I further understand that it is also a conflict of interest and against ESA Program rules and procedures for a family member of a participating student, including a stepparent, or a member of a participating student's household, to directly provide any recommended or approved service or computer hardware or other technological device to the participating student.
- 24. I understand that in order for students to continue in the ESA Program, I shall annually renew the ESA by following the procedures posted on the department's website.
- 25. I acknowledge that a participating student may return to the public school district at any time after enrolling in the program, and upon enrollment in a Local Education Agency (LEA), the student's participation in the program shall be terminated.
- 26. I understand that if a student enrolls in an LEA, the parent of a participating student or the participating student who has attained the age of majority (age 18) shall notify the department in accordance with the procedures and timeline set by the department.

I, the applicant, for participation in the state of Tennessee's Education Savings Account Program, certify the information provided in this form, including any supporting documentation, is truthful and accurate. I further understand that any false statements or documentation may result in the student's account being frozen, the student being removed from the ESA Program, closure of the student's ESA account, and/or forfeiture of all funds remaining in the account. I further understand that if any false statements or documentation are provided, the department may prohibit the student and/or parent/guardian from enrolling in the ESA Program and/or being an ESA account holder in the future.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above assurances.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_