

Student First Legal Name	Student Legal Last Name
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name
nses (If not Applicable, Leave Blank)	
Private School Expenses	
A) Tuition	
School Name:	Tuition Paid: \$Payment Date:
Payment Method: 🗆 PayPal	□ Point of Sale □ Web Based/Phone □ Square/Venmo/Oth
Payment 🛛 Weekly Frequency:	□ Bi-Weekly □ Monthly □ Semester □ Quarterly □ Annual
□ Activity Fee □ Applicatio	on fee Gredit Card Processing fee Gredit Card Procesing fee Gredit Card Processing fee Gredit Card Pro
Amount Paid: \$	Payment Date:
	Point of Sale Web Based/Phone Square
	□ Facility fee □ Lab fee □ Credit Card Processing fee
Application fee	 Book fee Tutoring fee Enrollment fee Other (Specify):
Amount Paid: \$	Payment Date:
	Point of Sale Web Based/Phone Square
	□ Facility fee □ Lab fee □ Credit Card Processing fee
□ Application fee	 Book fee Tutoring fee Enrollment fee Other (Specify):
Amount Paid : \$	Payment Date:



C) Textbooks - Required By Private School	Continued on Next Pa
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
D) Uniform (Required By and Purchased Through School)	
Total Payment Amount: \$	
) Tutoring Services – Academic Subjects, including Art, Foreig	gn Language and Music
A) Tutor 1	
Payment Date:	
Payment Method:	Web Based/Phone Square
Payment Facility:	Payment Amount: \$
Name of Tutor:	Subject:
Credential Type: 🛛 Bachelor's Degree or hi	gher 🛛 State Teaching Certificate
🗆 State Substitute Teachi	ng Certificate
Checking this box assures that I have verified	ied credentials and documents are attached
B) Tutor 2	
Payment Date:	
Payment Method:	Web Based/Phone Square
Payment Facility:	Payment Amount: \$
Name of Tutor:	Subject:
<i>Credential Type:</i> Degree or hig State Substitute Teachin	
Checking this box assures that I have verified	ied credentials and documents are attached
Use Addendum sheet to add addi	itional Academic Tutors
Continue on next page for Ext	tra-Curricular Tutors



C) Tutor 3

Payment Date:			
Payment Method: 🛛 PayPal	□ Point of Sale	Web Based/Phone	□ Square
Payment Facility:		Payment Amount: \$	
Name of Tutor:		Subject:	
	lor's Degree or hig ct-specific Credent	0.	Substitute Teaching Certificate
Checking this box assure	s that I have verifie	ed credentials and docume	nts are attached
Use Adde	ndum sheet to ad	additional Extra-Curricul	ar tutors
Curricula			
A) Curriculum Order 1			
Payment Date: Total	Payment Amount:	\$Vendor:	
Payment Method: 🛛 PayPal	□ Point of Sale	Web Based/Phone	🗆 Square
Payment Method: □ PayPal a) Curriculum, as listed on Invoice	□ Point of Sale	□ Web Based/Phone	□ Square
	Point of Sale Grade Leve		e Price
a) Curriculum, as listed on Invoice			Price
a) Curriculum, as listed on Invoice			e Price \$ \$ \$
a) Curriculum, as listed on Invoice			e Price \$ \$ \$ \$
a) Curriculum, as listed on Invoice			e Price \$ \$ \$ \$ \$ \$
a) Curriculum, as listed on Invoice			e Price \$ \$ \$ \$

b) Supplemental Material

Required by (Curriculum Name)	Name of Item	Price
		\$
		\$
		\$
		\$

c) Taxes and Shipping: Payment Amount: \$



Continued on Next Page

B) Curriculum Order 2

Payment Date:	Total Payment A	mount: \$	Vendor:		
Payment Method: 🛛 🗆 Pay	Pal 🛛 Point of	Sale 🗌 Web B	Based/Phone	□ Square	
a) Curriculum, as listed on Inv	voice				
Name of Curriculu	ım Gra	ade Level	Subject	t	Price
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Required by (Curric	culum Name)	Na	ame of Item	\$	Price
b) Supplemental Material Required by (Curric	culum Name)	Nc	ame of Item		Price
				-	<u> </u>
				\$	
				\$	
				Ş	
c) Taxes and Shipping: Payme	ent Amount: \$				
	Use Addendum	sheet to add addi	tional Curricula		
Online Private Program					
A) Tuition					
Program Name:		Tuition Paid	:\$	Payment Do	ate:
B) Fees (as shown on Invoice)					
		Tuition Daid. ¢		Daymont Da	to.
Name of Fee:				Puyment Du	
C) Required Textbooks/Curriculu	ım				
Name:			Amou	nt Paid: \$	
Name:			Amou	nt Paid: \$	
Name:			Amou	nt Paid: \$	



Name:

Amount Paid: \$

5) Testing Fee for Placement/Admission Exams related to College

Payment Date:		Test	Date:	_
Payment Method:	🗆 PayPal	□ Point of Sale	Web Based/Phon	e 🛛 Square
Payment Facility:		Рс	yment Amount: \$	
Test Name:	 American College Test (ACT) Stanford Achievement Test (SAT) Tests of Academic Proficiency (TAP) TerraNova 		□ Iowa Test of	hievement Test (CAT) Basic Skills (ITBS) n Achievement Test (MAT) fy) :

6) Post-Secondary Institution (University, College, Trade or Vocational School in Arizona)

A) Tuition		
Institution Name:	Tuition Paid: \$	Payment Date:
B) Fees		
Name of Fee 1:	Атс	ount Paid: \$
Name of Fee 2:	Amo	ount Paid: \$
C) Textbooks Required by Post-Secondary Institution		
Title:	Amo	unt Paid: \$
Title:	Amo	unt Paid: \$
Title:	Amount Paid: \$	
Title:	Amount Paid: \$	
D) Placement / Admissions Test		
Test Name:	Test	Date:
Amount Paid: \$		
Bank Fee for ESA Account		
a) Bank Fee 1		
Payment Date:	Payment Amount: \$	



Fee Type:	Replacement Card (Lost or Stolen)	□ Expedited Service Fee	
b) Bank Fee 2			
Payment Do	ite:	Payment Amount: \$	
Fee Type:	Replacement Card (Lost or Stolen)	Expedited Service Fee	

8) Services from a Public School

Note: Student cannot be enrolled in public school; services must be paid-services from a public school within Arizona

Payment Date:		Payment Amount: \$		
Payment Method:	🗆 PayPal	□ Point of Sale	Web Based/Phone	□ Square
District:			School:	
Course Title:		Subj	ect:	Grade Level:

9) Other goods and services (Reading books, field trips, allowable kits)

Item Title/Name:	Category:	Date Purchased & Cost:



EXPENDITURE – ATTESTATION FORM

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
 - a. Suspend an ESA account or remove a parent for misspending;
 - b. Require repayment of misspent funds before releasing additional monies;
 - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
 - 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

ESA Application #:		
Parent Name (Print)	Signature	Date

Submission is not considered complete without all supporting documentation (receipts, invoices, credentials, etc.)

Send completed Expense Report and required documents to:

鄼 <u>Mail</u>



Arizona Department of Education Attn: ESA 1535 W. Jefferson Street Bin #41 Phoenix, Arizona 85007 esa@azed.gov