

2025-2026 School Agreement

IBE does not discriminate. All scholarships will be awarded without regard to race, color, gender, handicap, familial status or national origin.

School Information			
School Name:	We	bsite:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Tax ID:	Phone:	Fax:	
Contact Information			
Primary Contact Name:		Title:	
Primary Contact Phone:	Primary Contact	Email:	
(If applicable) Secondary Contact Name:		Title:	
Secondary Contact Phone:	Secondary Con	tact Email:	
Grades served:	Annual tuition:		
<u>I certify</u>			
All teaching staff and personnel th	at have unsupervised contact	with students are fing	gerprinted
This school has regular classroom requirements for hours per year (p		based educators, tha	at meets state
This school will use scholarships f	or tuition costs only		
This school will only accept STO scharter school (per A.R.S 15-821	•	re eligible to enroll ir	n an Arizona public or
Printed Name:	Signature:		Date:



T: 520.512.5438

F: 520.203.0184