

2026-2027 School Participation Agreement



--

School Name

--

School Address (checks will be sent to this address)

After reviewing the school manual, please check off each item below. This document must be signed by two (2) people who represent the school. We suggest the school's primary administrator, the designated SDPE Coordinator, a school office employee, superintendent/pastor, or board member.

- I certify that this school is accredited by the South Dakota Department of Education.
- I certify that I have read the School Manual, understand, and will comply with the policies and procedures for administering the South Dakota Partners in Education Tax Credit Scholarship for students enrolled in my school that are eligible and using the funds.
- I understand that failure to abide by SD Partners in Education policies and procedures will result in loss of payment or loss of eligibility as a participating school in the South Dakota Partners in Education Tax Credit Scholarship program.
- South Dakota law (per the enactment of SB94) states that, beginning July 1, 2024, a school electing to accept scholarships from a Scholarship Granting Organization (SGO) may only enter into a participation agreement with one Scholarship Granting Organization each school year. By signing this Annual School Participation Agreement, you are affirming your **exclusive** partnership with South Dakota Partners in Education (SDPE) as the sole Scholarship Granting Organization (SGO) for your school. This commitment prohibits the signing of any participation agreement with other South Dakota SGOs. Your dedication to this exclusivity ensures a focused and impactful collaboration with SDPE in advancing educational opportunities for your students.

--

Primary Administrator (print)	Primary Administrator (Signature)	Date
-------------------------------	-----------------------------------	------

--

Primary Administrator's email address	Phone #
---------------------------------------	---------

The second contact person other than the administrator must sign below.

--

Secondary School Contact (print)	Second School Contact (signature)	Date
----------------------------------	-----------------------------------	------

--

Secondary School Contact's email address	Phone #
--	---------

**PO Box 886, Sioux Falls, SD 57101
(605) 679-0112**

www.sdpartnersinedu.org
Empower. Engage. Enrich.

Please ensure that this Participation Agreement is duly signed and returned no later than November 15th, 2025.
Please sign and email this form to sdpartnersinedu@gmail.com

Revised 8/9/2024