

ESA APPEAL FORM

Fill out the appeal form and email this form and the ADE administrative decision to esafeedback@azsbe.az.gov.

Date _____

Account Holder Full Name: _____
Pupil Initials: _____
Mailing Address: _____
Phone Number: _____
Email: _____

Arizona State Board of Education
Attn: ESA Appeal
1700 West Washington Street
Executive Tower, Suite 300
Phoenix, AZ 85007
esafeedback@azsbe.az.gov

Pursuant to Arizona Revised Statute (A.R.S.) § 15-2403(D) and Arizona Administrative Code (A.A.C.) R7-2-1511, I request an appeal to the administrative decision made by the Arizona Department of Education (ADE).

My request for an appeal with the Arizona State Board of Education (SBE) is consistent with A.R.S. § 15-2403(D).

The action being appealed is:

- Eligibility Denied
- Contract Terminated
- Expense Item(s) Disallowed
- Other:

I am appealing ADE's administrative decision for the following reasons:

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THIS SECTION IS ONLY APPLICABLE TO TERMINATED/SUSPENDED ESA ACCOUNTS

This section:

- Does **not** apply to my appeal
- Does** apply to my appeal. My request for a stay is detailed below.

Requested Stay

Pursuant to Arizona Administrative Code (A.A.C.) R7-2-1511(B), I am requesting a stay (“Stay Request”) so that I may continue to access ESA funds, pending the resolution of my appeal.

My Stay Request is being submitted to the State Board of Education based on the following:

I attest that the information I have provided is correct.

Signed,
