Date: Insert Here

Account Holder Full Name: Insert Here

Pupil Initials: X.X.

Mailing Address: Insert Here

Phone Number: Insert Here

Email: Insert Here

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. {If selected, use this space to communicate what “other” ADE Decision was received}

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

{Use this space to provide your narrative}

 **THIS SECTION IS ONLY APPLICABLE TO TERMINATED/SUSPENDED ESA ACCOUNTS**

*(You may delete this section if it does not pertain to your appeal)*

**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:**

{Use this space to provide your concise statement for the Stay Request and address all matters alleged in ADE’s administrative decision}

I attest that the information I have provided is correct.

Signed,

{Account Holder Signature}