

**South Carolina Education Oversight Committee  
Annual Standards Assurance Form  
S.C. Budget Proviso 109.15  
2016-2017  
Document A**

Please complete the information requested below concerning your independent school. This information will be listed on the South Carolina Education Oversight Committee's website, [www.eoc.sc.gov](http://www.eoc.sc.gov).

<b>Independent School Name:</b>	
<b>Independent School Contact Person:</b>	
<b>Independent School Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Independent School Telephone Number:</b>	(     ) -
<b>Independent School Fax Number:</b>	(     ) -
<b>Independent School E-mail Address:</b>	
<b>Independent School Website Address:</b>	

Please review the standards below based on the 2016-17 General Appropriation Act. An "Eligible school" is defined in the Proviso as "an independent school including those religious in nature, other than a public school, at which the compulsory attendance requirement of Section 59-65-10 may be met and that does not discriminate based on the grounds of race, color, religion, or national origin." Please indicate whether your school has met each standard to ensure the following academic requirements are being met. The S.C. Education Oversight Committee reserves the right to **request additional documentation** to show the school is in compliance with the 2016-17 General Appropriation Act.

STANDARDS	YES	NO
<b>1. Offers a general education to primary or secondary school students.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Does not discriminate on the basis of race, color, or national origin.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Is located in this state.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Has an educational curriculum that includes courses set forth in the state's diploma requirements, graduation certificate requirements (for special needs children), and where the students attending are administered national achievement or state standardized tests, or both, at progressive grade levels to determine student progress.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Has school facilities that are subject to applicable federal, state, and local laws.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Is a member in good standing of the Southern Association of Colleges and Schools, the South Carolina Association of Christian Schools or the South Carolina Independent Schools Association.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Provides a specially designed program or learning resource center to provide needed accommodations based on the needs of exceptional needs students or provides onsite educational services or supports to meet the needs of exceptional needs students, or is a school specifically existing to meet the needs of only exceptional needs students with documented disabilities. <b>Provide evidence of services or supports.</b></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Did this school receive any grants last fiscal year (July 1, 2015 until June 30, 2016) from any nonprofit scholarship funding organization under the Educational Credit for Exceptional Needs Children Program? <b>If Yes, then Complete Document B.</b></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Will your school provide student test data from school year 2015-16? <b>If Yes, then Complete Document C.</b></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Will your school provide a compilation, review, or compliance audit of the organization's financial statements, conducted by a certified public accounting firm? <b>If Yes, then Complete Document D.</b></b>	<input type="checkbox"/>	<input type="checkbox"/>

**I assure that all documents submitted to the SC Education Oversight Committee for the purpose of applying as an eligible school, as defined by the Proviso, is true, accurate, and complete under penalty of perjury in accordance with Section 16-9-10.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name of Signature Above:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Return this form to Melanie Barton**

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