



**OPPORTUNITY SCHOLARSHIP TAX CREDIT PROGRAM  
SCHOOL DISTRICT PARTICIPATION FORM  
School Year 2017-2018**

**Name of School District:**

**Contact Information**

**Name:**

**Title:**

**Mailing address:**

**Email address:**

**Telephone number:**

**Names of schools participating:**

**Amount of tuition and school-related fees to be charged:**

**RETURN FORM TO:**

**[ra-ostcp@pa.gov](mailto:ra-ostcp@pa.gov)**

**Or**

**PA Department of Education  
School Services Office  
333 Market Street  
Harrisburg, PA 17126**