



**OPPORTUNITY SCHOLARSHIP TAX CREDIT PROGRAM
SCHOOL DISTRICT PARTICIPATION FORM
School Year 2018-2019**

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

Or

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