



Tennessee Department of Education
Education Savings Account (ESA) Program
Andrew Johnson Tower
710 James Robertson Parkway • Nashville, TN 37243

Appeal Form for Parent/Student Account Holders

Pursuant to the rules of the State Board of Education, a parent or student who has attained the age of majority (account holders) may appeal the Tennessee Department of Education's (the department) decision to deny an expense paid for using ESA funds or suspension, termination, or removal of the student from the ESA program pursuant to the two-step appeals process as required in the rules of SBE Chapter [0520-01-16](#). To file an appeal, email the completed form to ESA.Questions@tn.gov.

The appeal should be submitted to the Commissioner of Education within 10 business days of receipt of the notice of misspent funds, suspension, termination, or removal from the ESA program. Notice of misspent funds, suspension, termination, or removal from the ESA program will be provided electronically. The appeal shall be reviewed by the commissioner of education, or the commissioner's designee, and a decision shall be issued within 45 calendar days.

Directions: By completing the following form, you are confirming your wish to appeal:

- the ESA Program's determination of misspent funds.
- the suspension, termination, or removal of the student from the ESA program.

Please note that this appeal form is not for families who wish to appeal an application denial. If you wish to appeal an application denial, please complete the form provided in your student's online ESA account.

| Parent/Student Information | Response Field <i>Please complete all fields.</i> |
|--|--|
| Student Name | |
| Student's Date of Birth | |
| Account Holder Name | |
| Physical Address (Street, City, and Zip Code) | |
| Phone Number | |
| Email Address | |
| Today's Date | |
| Notice of Misspent Funds or Removal Date | |

In the space below, please provide a detailed description of the reason(s) why you are appealing the ESA program's misspent funds determination, program suspension, or removal from the program. Please include specific details to substantiate your claims. (Attach additional pages, if necessary.)

Supporting Documentation

If applicable, attach supporting documents to substantiate your claims.

Signature Page

I certify the information provided in this form, including any supporting documentation, is truthful and accurate. I further understand that if any false statements or documentation is provided, the student's account could be frozen, the student could be removed from the ESA program, the student's ESA account could be closed, and/or all funds remaining in the account could be forfeited. I further understand that if any false statements or documentation is provided, the department may prohibit the student and/or parent/guardian from enrolling in the ESA Program and/or being an ESA account holder in future.

Account Holder Signature

Date
