

## ၂၁.- ပြန်လာသော မိသားစုများ - ESA - လမ်းညွှန်ပုံ

**တာဝန်** - ပြန်လာသော မိသားစု တစ်ခု အတွက် အီးအက်စ်အေ လျှောက်လွှာ တင်သွင်းရန်။

သွားပါ- <https://iowa-households.withodyssey.com/login/> သင်၏အထောက်အထားများဖြင့် ဝင်ရောက်ပါ။

**louisiana's Students First ESA**

2025-2026

**ESA Applications**

Thank you for registering with Iowa's Students First Education Savings Account (ESA) Program. Learn more about ESA program eligibility requirements by visiting the Department of Education's [ESA](#) web page.

The first step to determine eligibility in order to participate in the ESA program is to complete a household application. Begin by clicking 'Start Application' below.

**Start Application**

လျှောက်လွှာ စတင် ရန် ဒီ နေရာ ကို နှိပ် ပါ။

☐ I did not file a 2024 Iowa State Tax Return.

**ID Type \***

Social Security Number

**Parent/Guardian Identification Number \***

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**Spouse Tax Identification Information**

☒ Add Spouse's Tax Identification Number to application.

**Spouse's Legal First Name \***

**Spouse's Legal Last Name \***

**ID/Type \***

Social Security Number

**Spouse's Identification Number \***

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### Student Applications

Add each student for whom an ESA is being requested.

Enter student's legal name and date of birth. Click the checkbox if the student does not share the same residential address as the parent/guardian.

After all students have been added, click "Next".

Click the "Save & Exit" button to save the application progress in order to return and complete it at a later time.

[Remove Student from Application](#)

<b>Student's Legal First Name *</b>	<b>Student's Legal Middle Name</b>
<input type="text"/>	<input type="text"/>
<b>Student's Legal Last Name *</b>	<b>Date of Birth *</b>
<input type="text"/>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Month Day Year

☒ Same Address as Parent/Guardian

[+ Add Student](#)

ကျောင်းသားတစ်ဦးသည် အခြားလိပ်စာတွင် နေထိုင်ပါက ဤလေးထောင့်ကွက်ကို မမှတ်ဘဲ ကျောင်းသား၏လိပ်စာကို ဖြည့်စွက်ပါ။

[Previous](#) [Next](#) [Save & Exit](#)

☐ Same Address as Parent/Guardian

**Student's Address \***

Address Line 1

Address Line 2

City

State

Zip Code

ကျောင်းသား အချက်အလက် အားလုံးကို ဖြည့်စွက်ပါ။  
ကျောင်းသား တစ် ယောက် ထက် ပို စာရင်းသွင်း လျှင် " ကျောင်းသား ထည့် " ကို နှိပ်ပါ။ ။ ထို့နောက် နောက်ဆက်ကို နှိပ်ပါ။

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### Guardianship Checks

- ☒ I have the legal authority to request an education savings account for the student(s) in this application.
- ☒ I confirm the student(s) included in this application

အတည်ပြု နှင့် သဘောတူ ရန် လေးထောင့်ကွက်  
အားလုံး ကို မှတ်သား ပါ။

### Site Release

- ☒ The State of Iowa and Odyssey may share information to verify my application information.

### Communication Consent:

Please select at least one communication preference to proceed.

- ☒ I agree to receive email communications related to this application and the education savings account(s).
- ☒ I agree to receive text communications related to this application and the education savings account(s).
- ☒ I agree to receive phone call communications related to this application and the education savings account(s).

ဒီ နေရာ ကို နှိပ် ပါ

Previous

Next

[Save & Exit](#)

### Parent/Guardian Acknowledgments

Review each individual statement and check the box to affirm your understanding and agreement.

**Please note: All boxes must be checked in order to proceed.**

- ☒ I affirm that the information in this application is true and complete.
- ☒ I understand that I must follow [Iowa Code section](#)
- ☒ I understand students participating in an education savings account are required to take required student assessments, which may or may not be provided directly by the school, and for which results are required to be submitted to the Iowa Department of Education.
- ☒ I understand it is my responsibility to know and follow the applicable law.
- ☒ I understand that the State of Iowa and Odyssey will take action if my information is incorrect or if any improper benefits are awarded to the education savings account of any of the students included in my application.
- ☒ I consent to sharing my information and each child's information with and by any individual or organization necessary for my participation and each child's participation in this program, including financial information and personally identifiable information from student records under [FERPA \(20 U.S.C. § 1232g\)](#).
- ☒ I understand that any individual or organization will keep the information private and protected and not release it without my consent, unless my consent is not required by this release or under applicable state or federal law.
- ☒ I understand that any individual or organization will keep the information private and protected and not release it without my consent, unless my consent is not required by this release or under applicable state or federal law.
- ☒ I understand this agreement is binding for as long as I participate and each child participates in the program and applies to any information given or benefit received.
- ☒ I understand that ESA funds will be used first to pay each semester's bill of tuition and fees (after any credits to that bill, such as scholarships or discounts) for my child. I may not pay a portion of my child's tuition bill out of my own pocket if I have currently available funds in my child's ESA account.
- ☒ By marking this checkbox, the undersigned authorizes the Iowa Department of Revenue (IDR) to release to the Iowa Department of Education any of the undersigned's tax information pertinent to this form, including but not limited to information related to state income tax.

အတည်ပြု နှင့် သဘောတူ ရန်

Parent/Guardian Digital Signature \*

Date \*

4

16

2025

Spouse Digital Signature \*

Date \*

4

16

2025

ဒီ နေရာ တွင် လက်မှတ် ရေးဆွဲ ပြီး တင်သွင်း

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Submit

[Save & Exit](#)

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