

21.- Familias que regresan – ESA – Cómo guiar

Tarea: Presentar una solicitud de ESA para una familia que regresa.

Vaya a: <https://iowa-households.withodyssey.com/login/> e inicie sesión con sus credenciales.

ODYSSEY

Iowa'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.

Haga clic aquí para iniciar la aplicación.

Start Application

☐ I did not file a 2024 Iowa state tax return.

ID Type *

Social Security Number

Parent/Guardian Identification Number *

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 *

Haga clic aquí SOLO si hay un padre adicional disponible.

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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](#)

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

☒ Same Address as Parent/Guardian

Si un estudiante vive en una dirección diferente, desmarque esta casilla y complete la dirección del estudiante.

[Save & Exit](#)

☐ Same Address as Parent/Guardian

Student's Address *

Address Line 1

Address Line 2

City

State

Zip Code

Complete toda la información del estudiante, haga clic en **"Agregar estudiante"** si inscribe a más de un estudiante. A continuación, haga clic en **Siguiente**.

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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 have not been claimed on another application.

Site Release

☒ The State of Iowa and Odyssey may share informa

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).

Marque todas las casillas para Aprobar y Consentimiento.

Haga clic aquí

Previous

Next

[Save & Exit](#)

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 required student assessments, which may or may not 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.

Marque todas las casillas para Aprobar y Consentimiento.

Parent/Guardian Digital Signature *

Date *

4

16

2025

Spouse Digital Signature *

Date *

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2025

Dibuja la firma aquí y haz clic en enviar

Previous

Submit

[Save & Exit](#)

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