



**Arizona Department of Education
Empowerment Scholarship Account (ESA)
Tutor/Teaching Services Facility
Accreditation Attestation Form**

Company Name: Sahuarita Stingrays Swim Team
Address: P.O. Box 395, Sahuarita, AZ 85629
Phone Number: 520-395-7967
Email: admin@sahuaritastingrays.com

Tutor Name(s):

- | | |
|-------------------------|-----------|
| 1. <u>Andrew Harris</u> | 11. _____ |
| 2. <u>Sam Bryson</u> | 12. _____ |
| 3. <u>Colton Law</u> | 13. _____ |
| 4. <u>Shelby Grover</u> | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

By signing this form, I attest to the following:

For facilities/businesses that offer academic tutoring/teaching services:

- The tutors named above have a high school diploma (or higher degree) from an accredited state, regional or national accrediting organization per A.R.S. §15-2402(B)(4)(d). In accordance with per A.R.S. §1-701 homeschool diplomas will be accepted.

For facilities/businesses that offer non-academic tutoring/teaching services:

- The tutors named above have a high school diploma (or higher degree) or a certification in the area of instruction, from an accredited state, regional or national accrediting organization per A.R.S. §15-2402(B)(4)(d). In accordance with per A.R.S. §1-701 homeschool diplomas will be accepted.

Company Representative Printed Name: Robert Harris (President)

Company Representative Signature: *Robert Harris* Date: 10-12-23