

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

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Superintendent of Schools
Dr. Debra P. Pace

Dear Parent/Guardian,

The purpose of this letter is to explain how to help qualify your student for free fee test taking benefits. Each year, high school students enrolled in the School District of Osceola County participate in a variety of college readiness and career-oriented programs and exams to help pave their path to success. Some of these programs include the following:

- Advanced Placement Courses and Exams
- Preliminary SAT (PSAT)
- Scholastic Assessment Test (SAT)
- American College Testing (ACT)

As your student progresses through their high school career, these programs require more and more fees such as test taking fees, score report fees and college admission fees. To help offset the cost of these fees, your student may qualify for fee reduction and/or fee waivers for these programs.

To qualify for fee reduction and/or fee waiver benefits, students must show economic need by meeting one of the following criteria.

- Their family's annual income falls within the Income Eligibility Guidelines set by the United States Department of Agriculture (USDA) Food and Nutrition Service.
- They're enrolled in a federal, state, or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound).
- Their family receives public assistance.
- They're homeless or live in federally subsidized public housing or a foster home.
- They're a ward of the state or an orphan.

If you feel your student may qualify for these benefits, please complete the form on the back of this letter and return to their school.

If you have any questions about these programs or the Alternate Income Verification form, please contact your student's high school.

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ALTERNATE INCOME VERIFICATION FORM

Please list all students in your household who attend school, list the grade they entered/or will enter on their first day, and their school. Attach an additional sheet if entering more than six students.

Date of Birth	First Name	Last Name	Student ID	Grade	School

Address: _____ City _____ State _____ Zip _____

Circle your household size below, and then answer the following questions:

Household Size (Circle One)	Estimated Annual Income (As Reported to IRS)	Monthly Income	If Paid Two Times A Month per mo.	If Paid Every Two Weeks	Weekly Income
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
-7-	73,334	6,112	3,056	2,821	1,411
-8-	81,622	6,802	3,401	3,140	1,570
For each additional family member add	8,288	691	346	319	160

- [A] Is your income equal to, or less than, any of the amounts listed next to the number you circled? Y N
- [B] Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) - Oregon Trail Card? Y N
- [C] Is your family participating in Temporary Aid to Needy Families (TANF)? Y N
- [D] Is your family receiving Food Distribution Program on Indian Reservations (FDPIR)? Y N
- [E] Do your students receive migrant, homeless, or runaway education services? Y N

Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

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FORMULARIO DE VERIFICACIÓN DE INGRESO ALTERNO

Favor de anotar a todos los estudiantes de su hogar que asisten a la escuela, escriba el grado en el que entraron/ o que van a entrar el primer día y su escuela. Adjunte una hoja adicional si va a anotar más de seis estudiantes.

Fecha de nacimiento	Nombre	Apellido	ID del Estudiante	Grado	Campus

Dirección: _____ Ciudad _____ Estado _____ Código Postal _____

Circule el tamaño de su hogar a continuación y luego conteste las siguientes preguntas:

Tamaño del Hogar (Circule uno)	Ingreso Anual Estimado (Como reportado a la agencia IRS)	Ingreso Mensual	Si recibe su pago dos veces al mes	Si recibe su pago cada dos semanas	Ingreso Semanal
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
-7-	73,334	6,112	3,056	2,821	1,411
-8-	81,622	6,802	3,401	3,140	1,570
Por cada miembro adicional de la familia añadida	8,288	691	346	319	160

- [A] ¿Es su ingreso igual o menor que alguna de las cantidades que aparecen al lado del número que usted circuló? Si No
- [B] ¿Está su familia participando en el Supplemental Nutrition Assistance Program (SNAP) - Oregon Trail Card? Si No
- [C] ¿Está su familia participando en el Programa de Asistencia Temporal para Familias Necesitadas (TANF)? Si No
- [D] ¿Está su familia recibiendo servicios del Programa de Distribución de Alimentos en Reservas Indígenas (FDIPIR)? Si No
- [E] ¿Reciben sus hijos servicios educativos para estudiantes migrantes, sin hogar o que han abandonado su hogar? Si No

Certificación: Certifico que la información anterior es, según mi conocimiento, cierta y completa.

Nombre del Padre: _____ Número de Teléfono: _____

Firma del Padre: _____ Fecha: _____