

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

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## SCHOOL BOARD MEMBERS

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District 4 – Clarence Thacker - Chair  
407-870-4009  
District 5 – Robert Bass  
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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.

The School District of Osceola County

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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-	23,828	1,986	993	917	459
-2-	32,227	2,686	1,343	1,240	620
-3-	40,626	3,386	1,693	1,563	782
-4-	49,025	4,086	2,043	1,886	943
-5-	57,424	4,786	2,393	2,209	1,105
-6-	65,823	5,486	2,743	2,532	1,266
-7-	74,222	6,186	3,093	2,855	1,428
-8-	82,621	6,886	3,443	3,178	1,589
For each additional family member add	8,399	700	350	324	162

- [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: \_\_\_\_\_