ADDITIONAL FEE WAIVERS/REDUCTIONS—PERMISSION TO SHARE INFO

Dear Parent/Guardian:

If your student qualifies for free or reduced priced school meals, they will also qualify for some fee waivers and reductions. However, we must have your permission to share your Free and Reduced Price School Meals application status with our Guidance Office in order for your student to have access to these benefits. Sending in this form will not change whether your children get free or reduced price meals.

Yes!	I DO	want sch	nool off	icials to	share i	informatio	on from	my Free	and	Reduced	l Price
Schoo	ol Meal	ls Applica	ation wi	th the l	Ronca	lli Guida	nce O	ffice for	pur	poses of	f:

- ACT and SAT fee waivers (2 free ACT and 2 free SAT)
- SAT Question & Answer Review Service fee waiver
- Parchment fee waivers (sending transcripts to colleges without cost)
- College application fee waivers
- Advanced Placement (AP) exam fee reduction
- NCAA and NAIA fee waivers
- Need-based scholarship applications
- No, I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

If you checked yes to the box above, fill out the rest of this form. Your information will be shared only with the Roncalli Guidance Office.

C-l- - -l.

Child's Name:	SCHOOI:							
Child's Name:	School:							
Child's Name:	School:							
Signature of Parent/Guardian:		Date:						
Printed Name:								
Address:								

For more information, you may call Eileen Horan at (317)788-4099.

Return this form to Eileen Horan at Roncalli High School 3300 Prague Rd. Indianapolis, IN 46227 or email to ehoran@roncalli.org.

This institution is an equal opportunity provider.

Child's Name.