



H I G H S C H O O L

Check Deposit Consent

I give permission to my child's scholarship provider, Saint Francis DeSales High School, to act on my behalf for the purpose of signing and endorsing all EdChoice Scholarship checks. I acknowledge and agree that all EdChoice Scholarship checks received by Saint Francis DeSales High School will be cashed by the school and applied to my student's tuition as long as my student remains enrolled.

In the event that my student is officially withdrawn prior to the end of the school year, the school will notify the Ohio Department of Education and Workforce and my student's scholarship award will be prorated to the number of days the student was enrolled.

I acknowledge that I can view payments made from my child's scholarship through the parent portal on the Ohio Department of Education's website.

My signature below serves as my endorsement of scholarship checks received by the school for my student.

Student Name: _____ Graduation Year: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

www.sfdstallions.org

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TWICE RECOGNIZED U.S. DEPARTMENT OF EDUCATION BLUE RIBBON SCHOOL