



## FEE REDUCTION REQUEST

If you are requesting a fee reduction for either the application fee or the ISEE/SSAT testing fee, please complete this form, have your child's current school administrator sign it and return it to PCD at 660 Waterman Avenue, East Providence, RI 02914.

**Student Name:** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Parent(s) Signature(s):** \_\_\_\_\_

We qualify for a fee reduction because (*one must be checked*):

\_\_\_ My child currently receives free or reduced-price meals at school.

\_\_\_ My child currently receives at least 75% tuition assistance at school.

**Current school:** \_\_\_\_\_

**School address:** \_\_\_\_\_

**School phone number:** \_\_\_\_\_

**Printed name & title of school administrator:** \_\_\_\_\_

**Signature of school administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_