



**EdChoice Check Deposit Consent Form
2024-2025 School Year**

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

_____ I give permission to my child's(ren's) scholarship provider, Saint Rose School, to deposit checks from the EdChoice Scholarship program, for my child(ren), without my signature. I acknowledge the following:

- This decision may be withdrawn at any time by contacting the school office.
- I am not required to agree to the Check Deposit Consent in order to continue in the EdChoice Scholarship program.
- I can review payments made from the Scholarship program by contacting the school office.

_____ I do not give permission to my child's(ren's) scholarship provider, Saint Rose School, to deposit checks from the EdChoice Scholarship program without my signature. When informed that a payment has arrived, I will come into the school and sign the check within 15 days.

Parent/Guardian Signature: _____ Date: _____