

**SCHOOL CHOICE PROGRAM
TUITION PAYMENT AUTHORIZATION**

The undersigned, parent of a student enrolled at Salam School, authorizes the school to:

- 1.) Receive from the Wisconsin Department of Public Instruction periodic checks made out to the parent in consideration of a scholarship granted to the child of the parent to attend the school under the Milwaukee Parental Private School Choice Program, and
- 2.) Endorse such periodic checks on behalf of the payable only to the school as payment toward tuition being charged by the school for the education of the child of the parent under the provision of Wis. Stat. 119.23 and regulations promulgated thereunder.

The school is authorized to inform the Wisconsin Department of Public Instruction or the Milwaukee Public School District of the existence of this Authorization, and such entities are entitled to rely upon this Authorization, until receiving written notification that it has been rescinded.

PARENT

Parent/Guardian SIGNATURE

Date

Parent/Guardian PRINT NAME

Student's Name PRINT

SCHOOL

Accepted by

SIGNATURE

Date

PRINT Name