

**International Baccalaureate Fee
Waiver Program 2025
SUPPLEMENTAL ROSTER**

Directions: Use this roster to list all fee waiver eligible students and submit it with the NYS Standard Voucher and a receipt from the IBO (**summary only, not itemization**) by **December 31, 2025** to:

**Sha-Rae Ketchmore
IB Voucher Program
NYS Education Department
89 Washington Ave., Room 860 EBA
Albany, NY 12234**

Note: The New York State Education Department will reimburse school districts in the order requests are received, until all funding is exhausted.

School Name: _____

City/State/Zip Code: _____

I certify that all the students listed below have qualified for the NYS IB fee waiver.
Students (or their schools) must pay the applicable registration fee for the 2025 exams.

_____ **Total: \$**_____

School Principal Signature

[illegible]

[illegible]