

ASHLAND PUBLIC SCHOOLS
WAIVER REQUEST FORM FOR
SCHOOL BUS TRANSPORTATION FEE

To request a waiver you must provide proof of income from **ALL** family members living in the child(ren)'s home no later than May 15, 2022.

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|------------------------|--|
| Parent/ Guardian NAME: | |
| ADDRESS | |
| PHONE | |

| | FIRST NAME | LAST NAME | Earnings BEFORE deductions (weekly) | Welfare / Child Support / Alimony (weekly) | Pensions / Retirement / Social Security (monthly) | Other Income (monthly) |
|---------------|------------|-----------|-------------------------------------|--|---|------------------------|
| Mother | | | | | | |
| Father | | | | | | |
| Other: | | | | | | |
| Other: | | | | | | |
| Other: | | | | | | |

Attach copies of verification of all income listed above (*ie.child support payments, Federal Tax Return Form 1040 page 1 & 2, SSI, AFDC, etc*). Pay stubs must show year-to-date earnings. **DO NOT SEND ORIGINALS**. Failure to provide proof of all income will result in a delay in processing this request and possible loss of a seat on the bus for your child(ren). It is your responsibility to provide this information in a timely manner.

LIST ALL CHILDREN LIVING AT HOME ADDRESS

| FIRST NAME | LAST NAME | AGE | GRADE | SCHOOL | FOOD STAMP / TANF CASE # (if any) |
|------------|-----------|-----|-------|--------|-----------------------------------|
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An adult household member must sign the application. The adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school may get State funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose bus transportation, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

Mail this form to: Tamara Saviatto, Transportation Department, Ashland Public Schools, 87 West Union Street, Ashland, MA 01721

or

Email this form to: transportation@ashland.k12.ma.us

NOTE: Before emailing this form, rename your form so it includes your child's name and grade level.

FOR OFFICE USE ONLY:

Request Approved: Date: _____ Request Denied: Date: _____

Reason: _____