

**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 June 1, 2023.

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)

**An adult household member must sign the application.**

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

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

**FOR OFFICE USE ONLY:**

Request Approved: Date: \_\_\_\_\_ Request Denied: Date: \_\_\_\_\_ Reason: \_\_\_\_\_