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: _____