## ASHLAND PUBLIC SCHOOLS WAIVER REQUEST FORM FOR SCHOOL BUS TRANSPORTATION FEE

If your household is currently Direct Certified by the Commonwealth of Massachusetts, please complete the waiver form and indicate your status. Please send the completed form to: <a href="mailto:transportation@ashland.k12.ma.us">transportation@ashland.k12.ma.us</a> so we can verify your eligibility.

To qualify for a Waiver of Transportation Fees you will need to be receiving SNAP Benefits and/or TAFDC assistance from the Commonwealth of Massachusetts.

To apply for these benefits please go online to <u>MASS.GOV/DTA</u> and select the benefits you want to apply for and follow the online instructions.

Once you have been approved by the Commonwealth of Massachusetts, please mail or scan a copy of your award letter along with your waiver request to: <a href="mailto:transportation@ashland.k12.ma.us">transportation@ashland.k12.ma.us</a>.

## Please return completed form no later than June 15, 2024.

Parent/ Guardian NAME:

ADDRESS					
PHONE/CELL					
	LIST ALL CHILDRI	EN LIVIN	G AT HOM	E ADDRESS	
FIRST NAME	LAST NAME	AGE	GRADE	SCHOOL	FOOD STAMP / TANF CASE # (if any
Security Number or made of the security (promise) that a State funds based on the security of	nember must sign the application hark the "I do not have a Social Social Social Social Social information on this application is the information I give. I understand the information, my children may lead to the social s	<b>ecurity</b> true and hat scho	Number" I that all ind ol officials	box. come is reported. I understand may verify (check) the inform	the school may get ation. I understand
Sign here: Date:		<sub>-</sub> P	rint name:		
Mail this form to: Tama	ara Saviatto, Transportation Departme			chools, 87 West Union Street, As	shland, MA 01721.