



Marblehead Public Schools

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Dear families,

The Marblehead Public Schools utilizes a User Fee schedule for both Athletics and Non-Athletic participation as well as Kindergarten and Pre-Kindergarten tuition. If you wish to apply for a waiver for a reduction in fees for the School Year, please utilize the following application.

The information that families provide on this form, and any supporting documentation will be kept by the Marblehead Public Schools. It will only be used by the Marblehead Public Schools to verify household income to determine User Fee/Tuition Waivers.

Please follow the steps outlined below. Complete the form & return it along with the required supporting documentation to **the Assistant Business Manager at Morello.Kristin@Marbleheadschoools.org**. If you need assistance, please contact the Business Office using the phone number in the header.



MARBLEHEAD PUBLIC SCHOOLS

Marblehead User Fees		
Athletics		
High School	per child / season	
1st Season	\$	540
2nd Season	\$	490
3rd Season	\$	440
Middle School		
1st Season	\$	260
2nd Season	\$	210
3rd Season	\$	160
Non-Athletics		
High School Clubs or Flag Football (Unlimited)	\$	290
Middle School Intramural Sports/Activities (Unlimited)	\$	290
Elementary Intramural Sports/Activities (Unlimited)	\$	290
Annual Family Maximum for User Fees	\$	2,060
Online Registration and payment is required for all programs and activities prior to the start date.		
Marblehead Tuition-Based Programs		
Pre-Kindergarten Half Day	\$5,000	per year
Pre-Kindergarten Full Day	\$7,000	per year
Kindergarten Half Day	FREE	of charge
Kindergarten Full Day	\$4,000	per year
Please visit the registration section of the website for more information, payment, & registration requirements.		
Waiver Information		
Kindergarten Tuition ONLY		
Families that apply for and meet the USDA's Income Eligibility or are directly certified through the Virtual Gateway, will automatically qualify for either FREE with 100% reduction in Kindergarten Tuition ONLY , OR REDUCED with 75% reduction in Kindergarten Tuition ONLY .		
PreK Tuition and User Fees		
Families that apply for and meet the USDA's Income Eligibility or are directly certified through the Virtual Gateway, will automatically qualify either a PreK Tuition &/or User Fees waiver. FREE eligibility = 75% reduction and REDUCED = 50% reduction.		

STEP 1: Income requirements

First, calculate your household's MONTHLY income. Make sure to include all income sources, including work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veteran's benefits, and child income. Use **gross income**, before any deductions for taxes, insurance, medical expenses, child support, etc. **Fill in this amount below.**

Second, identify the total number of people in your household. Count all children and adults, related and unrelated, that live in your household and share income and expenses. **Fill in this number in the box.**

TOTAL NUMBER OF CHILDREN/ADULTS IN HOUSEHOLD: _____	MONTHLY INCOME: \$ _____
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Third, follow the arrow from the number of people to the incomes that qualify. If your household income is in the listed range for the number of people in your household, check the box and complete the form. Your household must meet the income requirements for your household size to be identified as low income for school aid purposes. For example, a household with one adult and two children (three total people) and an income of \$11,551 or less per month would qualify because their combined gross income is between \$0 and \$11,551 per month.

If household income does not fall within the corresponding range based on your household size, your household does NOT qualify, and you should not complete the form. If your household has more than 8 people, provide the following information and work with your district or school to determine whether your household qualifies.

# people in household	If your GROSS Monthly income is in this range... a waiver of 25%-75% is possible	check the appropriate box
2 →	\$0 - \$ 9,168 →	<input type="checkbox"/>
3 →	\$0 - \$11,551 →	<input type="checkbox"/>
4 →	\$0 - \$13,933 →	<input type="checkbox"/>
5 →	\$0 - \$16,316 →	<input type="checkbox"/>
6 →	\$0 - \$18,699 →	<input type="checkbox"/>
7 →	\$0 - \$21,082 →	<input type="checkbox"/>
8 →	\$0 - \$23,465 →	<input type="checkbox"/>

Families that are found to be directly certified through Virtual Gateway will qualify for a waiver.

To be completed by the district/school:	Virtual Gateway direct certification information:			
	Match Results: _____	ID #: _____	Date: _____	Initials: _____
	NO <input type="checkbox"/>	OR	YES <input type="checkbox"/>	FREE <input type="checkbox"/> or REDUCED <input type="checkbox"/>

STEP 2: Student information

List all students in the household who are or will be Participating in the Marblehead Public Schools this year.

Completed by parents/guardians (please do NOT use nicknames)				Completed by the district/school
Student First name	Student Last name	Grade	Date of Birth	SASID

STEP 3: Supporting documentation

Please provide one or more of the following sources of evidence to verify your household income. You should submit documents that can be used to calculate one month's recent income, such as a biweekly paycheck stub (you would need 2) from this month or last month. *Check all sources that apply.*

<input type="checkbox"/>	Jobs: Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
<input type="checkbox"/>	Social Security, pensions, or retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
<input type="checkbox"/>	Unemployment, disability, or worker's compensation: Notice of eligibility from state employment security office, check stub, or letter from the worker's compensation office.
<input type="checkbox"/>	Public Assistance: Benefits letter from the Massachusetts Department of Transitional Assistance for SNAP or TAFDC, or the Executive Office of Health and Human Services for MassHealth.
<input type="checkbox"/>	Child Support or Alimony: Court decree, agreement, or copies of checks received.
<input type="checkbox"/>	Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.
<input type="checkbox"/>	No income: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
<input type="checkbox"/>	Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

STEP 4: Community contact

If your household cannot provide adequate supporting documentation as listed in Step 3 above, then a **community contact** must provide written evidence to support the household's range of combined annual income reported above in Step 1. A *community contact* is a person outside of your household who knows about your household's circumstances and can attest to your household's income range selected in Step 1. Community contacts include social service agencies, religious organizations, and other community groups. Please note that a community contact (if provided) cannot be an employee of the student's district/charter school or any individual receiving payments from the district/charter school to manage or administer the income verification process. This form cannot be certified if the community contact meets either of these criteria.

Name of community contact and organizational affiliation	
Organization address [Street, City, State, Zip Code]	
Contact information	
Signature	Today's date

STEP 5: Adult signature and contact information

By signing this form, I certify (promise) that all information on this application is true and that all income is reported.

Name of adult completing the form (printed)	
Household address (if available) [Street, City, State, Zip Code]	
Email and / or phone number	
Signature	Today's date

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

I have reviewed the above information and documentation and have concluded that it is properly and completely filled out to the best of my knowledge.

Name of district official (printed):	
Signature	Today's date