

MARBLEHEAD PUBLIC SCHOOLS

Income Eligibility Application for Reduced Full Day Kindergarten Tuition

| Parent/Guardian Name: | | | | | |
|---|---------------|---------------------------------|----------|---------------------------------|--|
| Address: | | | | | |
| City: State: Zip Code: | | | | | |
| E-mail: | | - | Phone: | | |
| Name of Student Enrolled In Full Day Kindergarten Program: | | | | | |
| Please indicate if any of the following apply to the student who is enrolled in the Full Day Kindergarten program: Homeless | | | | | |
| Number of Family Members (Please include all family members who live in the household including parent and student listed in section 1) | | | | | |
| · | household ii | | | | |
| Name | | Date of Birth | Relatio | n to Kindergarten Student | |
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| Please indicate the Gross Income for all Adult Hou | sehold Men | nbers: | | | |
| Please attach 2 recent paystubs and W-2 for each a | dult who ha | is earnings from work indicated | d below. | f you are self-employed, please | |
| provide a copy of your recent tax return including a | ıll schedules | | | | |
| | | | | | |
| Income Type | Gross Inco | ome | | Frequency (Weekly/ Bi-Weekly/ | |
| | | | | Monthly/Annually) | |
| Earnings from work | | | | | |
| Earnings from work | | | | | |
| Child Support | | | | | |
| Alimony | | | | | |
| Pension/Retirement/Social Security | | | | | |
| Investment Income | | | | | |
| Other (please describe): | | | | | |
| Other (please describe): | | | | | |
| Other (please describe): | | | | | |
| / | | | | | |
| I certify that all information on this application is true to the best of my knowledge and that all income earned by the adult members of the household has been reported. I understand that school officials may check the information provided above or request additional information. I understand that if I purposefully give false information, my application will be void and the school district may take additional action. | | | | | |
| Parent/Guardian Signature: | | | | Date: | |

Please return completed form and requested documentation to the Central Administration Business Office at 9 Widger Road, Marblehead, MA 01945.

Please note, if you wish to apply for free/reduced meals, you must fill out a separate application available at your child's school or on the Marblehead Public Schools' web page, www.marbleheadschools.org, department tab-food services.