

# NORWOOD PUBLIC SCHOOLS

June 1, 2017

ADMINISTRATIVE OFFICES • JAMES R. SAVAGE EDUCATIONAL CENTER  
BOX 67 • 275 PROSPECT STREET, NORWOOD, MA 02062 •

## ANN MARIE ELLIS

Director of Finance & Operations

Dear Parent/Guardian:

Financial assistance is available to families whose level of earnings meet the Income Eligibility Guidelines listed below. Those who qualify for reduced fee busing **must pay \$150.00 per student with a family maximum of \$375.00**. You can take advantage of a **reduced fee of \$137.50 if you register on or before June 30, 2017**. At the time that you register your child(ren) for Norwood's fee-based Transportation Program, you must complete a financial waiver from the Transportation Office or on line at the Norwood Public Schools. **Please submit one (1) application for your entire family.**

Although the income guidelines used for the Transportation Program are the same as those used for the School Lunch Program, a separate application will be mailed to you in mid-August for the School Lunch Program.

Financial Assistance is based on the income of ALL household residents. Anyone living in your household is required to submit income documentation including domestic partners, relatives, and any other individuals residing at the address.

Please be aware that copies of **required documents** must be included before the level of assistance can be determined. All documents provided are kept confidential and are not included in any student file. All documentation received is kept for three (3) years and then shredded and destroyed. Copies can be made on the coin operated copier for **\$0.25** each located at the Transportation Office, if you submit your application in person. If mailed, documents **will not** be copied and returned to you.

Required documentation of household income includes:

1. **2016 Internal Revenue Service TAX RETURN TRANSCRIPT**, either call 800-908-9946 or visit:  
<https://www.irs.gov/individuals/get-transcript> **for all adults residing in the household;**
  - a. **No other form of tax return will be accepted. Required with application.**
2. Supplemental Security Income (SSI) and Disability Income;
3. Unemployment Compensation and Severance Pay;
4. Alimony and Child Support Agreements;
5. Transitional Assistance Letters and Benefits (online at [www.mass.gov/eohhs/consumer/basic-needs/vg/map/](http://www.mass.gov/eohhs/consumer/basic-needs/vg/map/));
6. Foster Children are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent;
7. Non-Custodial Parent income is considered when one parent receives the tax deduction for the dependent and there is no record of child support.
8. Unearned income, gifts, donations, family support (e.g. rent free housing, money, etc.) from outside of the domicile must be reported as financial support.

Completion of all information is necessary in order to make a determination. **No bus pass will be issued without a complete application.**

If you have any questions, please contact the Transportation Office at (781) 440-5831 or (781) 440-5832. Please note Bus Application hours are Monday through Friday, 7:30 a.m. to 2 p.m. **Passes will be delivered to your student's homeroom the first week of school that are registered by August 11th.**

Sincerely,

Ann Marie Ellis  
Director of Finance and Operations

# 2017-2018 Transportation Fee Waiver Application

APPLICATION WILL NOT BE PROCESSED WITHOUT REQUIRED DOCUMENTATION

Failure to provide proof of all income will result in a delay in processing this request.

DO NOT SEND ORIGINALS; they cannot be returned. Copies can be made at the Transportation Office for \$0.25 each page.

All documentation is treated confidentially and details are not shared with any other offices or departments.

All documents are shredded after three years.

Your First Name and Initial	Last Name	Home Phone	Address
Other Parent/Guardian First Name	Last Name	Home Phone	Address

**Part I: Check off Adults in Household:**

Yourself  Spouse/civil union/partner   
 Other  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Other  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Other  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Other  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Free/Reduced Lunch applications will be mailed to all households in August.

**Part II: List all Dependents living with you:**

First Name	Last Name	Relationship to you	2017-2018 Grade/School

Note: This line should match to line 6d, Form 1040, of your most recent tax return.

Enter total adults claimed on your tax return and listed in Part I:

Total number of dependents claimed by you on your tax return and listed in Part II:

Total number claimed by you on your tax return matching Part I and Part II above:

**Yearly Income supporting child(ren):**

Required Documentation	Check if Included	Reason Not Included (Attach explanation if necessary)
<b>2016 IRS TAX RETURN TRANSCRIPT</b> , call 800-908-9946 or at <a href="https://www.irs.gov/individuals/get-transcript">https://www.irs.gov/individuals/get-transcript</a>	✓	REQUIRED FOR APPLICATION
<b>Supplemental Security Income (SSI) and Disability Income;</b>		
<b>Unemployment Compensation and Severance Pay;</b>		
<b>Alimony and Child Support Agreements;</b>		
<b>Transitional Assistance Letters and Benefits; at</b> <a href="http://www.mass.gov/eohhs/consumer/basic-needs/vg/map/">www.mass.gov/eohhs/consumer/basic-needs/vg/map/</a>		
<b>Documentation for Foster Child</b> (Foster Children are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent)		
<b>Non-Custodial Parent income is considered when one parent receives the tax deduction for the dependent and there is no record of child support.</b>		
<b>Unearned income, gifts, donations, family support</b> (e.g. rent free housing, money, etc.) from outside of the domicile must be reported as financial support.		

An adult household member must sign the application.

I certify (promise) that all information included with this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits, and I may be prosecuted.

**Sign here:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INCOME ELIGIBILITY GUIDELINES FOR 2017 - 2018**

<b>Household Size</b>	<b>Federal Poverty Guidelines Annual Income</b>	<b>Free Meals at 130% Annual Income</b>	<b>Reduced Price Meals at 185% Annual Income</b>
1	\$ 12,060	\$ 15,678	\$ 22,311
2	\$ 16,240	\$ 21,112	\$ 30,044
3	\$ 20,420	\$ 26,546	\$ 37,777
4	\$ 24,600	\$ 31,980	\$ 45,510
5	\$ 28,780	\$ 37,414	\$ 53,243
6	\$ 32,960	\$ 42,848	\$ 60,976
7	\$ 37,140	\$ 48,282	\$ 68,709
8	\$ 41,320	\$ 53,716	\$ 76,442
For each additional family member, add	4,180	5,434	7,733