NORWOOD PUBLIC SCHOOLS
ADMINISTRATIVE OFFICES • JAMES R. SAVAGE EDUCATIONAL CENTER

BOX 67 • 275 PROSPECT STREET, NORWOOD, MA 02062 •

TEL. (781) 440-5820
FAX (781) 440-5900

ANN MARIE ELLIS
Director – Finance & Operations

June 2011

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 $125.00 per student with a family maximum of $250.00.** You can take advantage of a **reduced fee of $112.50 if you register on or before July 20, 2011**. At the time that you register your child(ren) for Norwood's fee-based Transportation Program, you must request a financial waiver from the Transportation Office 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.

Please be aware that **signed Federal Tax Returns for the most recent tax filing, Transitional Assistance Letters, child support and alimony or SSI correspondence are required** to document income 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.

On the reverse side of this letter, please find the Norwood Public Schools Transportation Fee Waiver Application that you must submit if you believe that your family is eligible for free or reduced-fee transportation. Please be advised that completion of the above-mentioned information is necessary in order to make a determination. **Incomplete applications will be returned and may result in the obligation of an administrative fee if the application is received after the established deadlines.** Documentation of all income supporting your child(ren) is required with the application. Copies can be made at the Transportation Office, at no charge to you, if you submit your application in person. If mailed, documents **will not** be copied and returned to you.

If you have any questions, please contract the Transportation Office at (781) 440-5831 or (781) 440-5832. Once a determination as to eligibility is made, you will be notified of that decision by letter. Please allow four (4) weeks for processing.

Thank you.

Sincerely,

Ann Marie Ellis
Director of Finance & Operations

INCOME ELIGIBILITY GUIDELINES FOR NO-CHARGE BUSING

Household Size	Annual	Monthly	2x Per Month	Every 2 Weeks	Weekly
1	14,157	1,180	590	545	273
2	19,123	1,594	797	736	368
3	24,089	2,008	1,004	927	464
4	29,055	2,422	1,211	1,118	559
5	34,021	2,836	1,418	1,309	655
6	38,987	3,249	1,625	1,500	750
7	43,953	3,663	1,832	1,691	846
8	48,919	4,077	2,039	1,882	941
For each Additional Family Member Add the Following Amount:					
	4,966	414	207	191	96

INCOME ELIGIBILITY GUIDELINES FOR REDUCED FEE BUSING

Household Size	Annual	Monthly	2x Per Month	Every 2 Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each Additional Family Member Add the Following Amount:					
	7,067	589	295	272	136

2011-2012 TRANSPORTATION FEE WAIVER APPLICATION

FAILURE TO PROVIDE PROOF OF ALL INCOME WILL RESULT IN A DELAY IN PROCESSING THIS REQUEST

(Please do not send originals as they cannot be returned. Copies can be made for you at the Transportation Office. All documentation is treated confidentially and details are not shared with any other office or department. All documents are shredded after three years.)

Part I – Required Documentation ***(Please check off documents attached to the application)***

- ❑ Most recent **signed** IRS 1040 form (Pages 1-2) for all wage earners supporting child(ren).
- ❑ Supporting documentation (section from divorce decree) pertaining to child support and alimony.
- ❑ Unemployment and paycheck stubs if income has declined since most recent tax filing.
- ❑ Transitional Assistance Benefits Letter.
- ❑ **Foster Child** (Attach documentation and sign below)

Part II – Parent/Guardian Information First Name	Last Name	Phone Number	Address
Other Parent/Guardian First Name			

Part III – Adults in Household ***(Please check off adults in household)***

- ❑ Yourself
- ❑ Other (Name & Relationship): _____)
- ❑ Spouse/Civil Union/Partner
- ❑ Total adults claimed on tax return

Part IV – List All Dependents Living With You First Name	Last Name	Relationship	2011-2012 Grade/School

Total Number of dependents claimed by you on your tax return listed in Part IV above ❑

Total Number of Claimed by you on your tax return listed in Part III & IV above ❑
(This line should equal line 6d, Form 1040 of your most recent Federal Tax Return)

Part V – Yearly Income Supporting Child(ren) – Please enter Whole Dollars

					TOTALS
	Mother	Father	Other Parent/Guardian	Other Income	
Gross Yearly Wages	$	$	$	$	$
Social Security Benefits	$	$	$	$	$
Disability Benefits	$	$	$	$	$
If Deceased – Date of Death					

Part VI– Other Yearly Income	
TANF or Food Stamps No.	$
Child Support	$
Alimony	$
Social Security Insurance Benefits	$
Other Income- List Source(s)	$

Total Gross Family Income from Parts V & VI $

An adult household member must sign this application. I certify (promise) that all information on 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:_____

Mail to Director of Transportation, Norwood Public Schools, P.O. Box 67, Norwood, MA 02062