

Mansfield Public Schools, 2 Park Row, Mansfield, MA 02048

508.261.7503 / 508.261.7547 Fax

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2016-2017

TRANSPORTATION / FEE WAIVER APPLICATION

Fee Waiver Applications will not be processed and bus routes not assigned without proof of income.

Please attach a copy of pay stub or 1st page of income tax return, etc. to this Application.

(One Application Per Family)

SCHOOL: _____ GRADE: _____ DATE: _____

STUDENT(s) NAME: _____

STUDENT(s) ADDRESS: _____

List the Student's AFDC case number, if any: AFDC NUMBER: _____

List ALL Household Members including Parent(s) and Child(ren) and Monthly Income:

Name of All Family Members	MONTHLY Gross MONTHLY Earnings (Before Deductions)	MONTHLY Welfare Payments Child Support Alimony	Payments from Pensions Retirement Social Security	Any Other Monthly Income
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

SIGNATURE: I certify that all of the above information is true and correct and all income is reported. I understand that school officials may verify the information on this application.

Signature of Adult Household Member

Contact #

Email Address: _____

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FOR SCHOOL USE ONLY: DO NOT WRITE IN THE SPACE BELOW

Total Household Size: _____ Monthly Income \$ _____ AFDC: Y N

Eligibility Determination: \$ _____ Approved _____ Denied _____ Temporary until: _____