



BUS TRANSPORTATION FEE WAIVER

For the 2017-18 school year the Harvard Public Schools has a \$225.00 bus transportation fee per child with a family cap of \$600.00.

The School Committee has put in place a Bus Transportation Fee Waiver application. Families who receive any type of state public assistance or benefits or those whose household income is less than double the federal poverty guidelines may qualify for a reduced fee. Waiver applications will be sent to those who have requested them on the application form. All applications are kept confidential. If you are unsure of your eligibility, please check the following federal website for the federal poverty guidelines: <https://aspe.hhs.gov/poverty-guidelines>

To receive the waiver or reduction of the fee, you must complete the attached application and return it to Transportation Coordinator, Harvard Public Schools, 39 Massachusetts Avenue, Harvard, MA 01451. Incomplete waiver applications will not be processed.

VERIFICATION

Your eligibility to receive the full or reduced waiver may be thoroughly examined and verified. Therefore, you are required to **submit a copy of your most recent federal tax return** in a sealed envelope stapled to your application.

CONFIDENTIALITY

The information contained in your application as well as your tax return will be kept in the strictest confidence. The application will be used for the sole purpose of determining eligibility for full or reduced waiver of the bus transportation fee.

GRIEVANCE

You will be given the opportunity to discuss your application if you do not agree with the decision regarding verification of the household income. Please contact the Transportation Coordinator, Harvard Public Schools, 39 Massachusetts Avenue, Harvard, MA 01451, 978-456-4140.

REAPPLICATION

Application for full or reduced waiver may be made any time during the school year. If you do not qualify now, but there is a decrease in family income, you may complete an application at that time. Any refunds will be prorated based on the remaining days in the school year.



APPLICATION FOR FULL OR REDUCED FEE WAIVER

Student's Name: _____ School: _____ Grade _____

Foster Child: Yes _____ No _____

Head of Household Name: _____

Name & SS# of Household Members	Gross Monthly Income Before Deductions		Any Other Monthly Income (Amount & Source)
	Job 1	Job 2	

I certify that all of the above information is true and correct and that all income is reported.

Signature _____ Date: _____

Home Telephone Number: _____ Work Telephone Number: _____

Street Address: _____

Mailing Address: _____

INCOME TO REPORT

(Documents listed below must be provided with the completed waiver application & tax return)

Earnings from Work: Wages/salaries/tips, strike benefits, unemployment compensation, Worker's Compensation, net income from self-employment

Welfare/Child Support/Alimony: Public assistance payments, welfare payments

Pension/Retirement/Social Security: Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security

Other Income: Disability benefits, cash withdrawn from savings, interest/dividends, income from estates, trusts/investments, regular contributions from persons not living in household, net royalties/annuities/net rental income