



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 Migrant Runaway

Please indicate if the student who is enrolled in the Full Day Kindergarten program has applied or qualifies for Free/Reduced Lunch through the Federal School Lunch program. This includes students who have received notice of eligibility through Direct Certification.

- Applied for Free/Reduced Lunch- Awaiting Notification of Results Qualifies for Free Lunch Qualifies for Reduced Lunch

Number of Family Members _____

(Please include all family members who live in the household including parent and student listed in section 1)

Name	Date of Birth	Relation to Kindergarten Student

Please indicate the Gross Income for all Adult Household Members:

Please attach 2 recent paystubs and all 2023 W-2s for each adult who has earnings from work indicated below. If you are self-employed, please provide a copy of your 2023 tax return including all schedules. Applications for assistance will not be reviewed without complete supporting documentation.

Income Type	Gross Income	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. If I have indicated that my student may qualify for Free/Reduced Lunch, I provide authorization for their status to be shared for the purposes of eligibility for fee reduction.

Parent/Guardian Signature: _____

Date: _____

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

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.marbleheadschoools.org, department tab-food services.



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