

Marblehead Public Schools

9 Widger Road Marblehead, Massachusetts 01945

Phone: (781) 639-3140

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Dear families,

The Marblehead Public Schools utilizes a User Fee schedule for both Athletics and Non-Athletic participation. If you wish to apply for a waiver for a reduction in fees for the 2024-2025 School Year, please utilize the following application.

The information that families provide on this form and any supporting documentation will be kept by the Marblehead Public Schools. It will only be used by the Marblehead Public Schools or the Massachusetts Department of Elementary and Secondary Education to verify household income to determine User Fee Waivers and for the state and local funding that the Marblehead Public Schools will receive.

Please follow the steps outlined below. Complete the form and return it along with the required supporting documentation to **Kristin Morello @ morello.kristin@Marbleheadschools.org**. If you need assistance completing any portion of the form or gathering other required information, please contact Kristin Morello @ morello.kristin@Marbleheadschools.org or 781.990.0921.



Marblehead High School Athletic Department 2 Humphrey St Marblehead, MA 01945 (781) 639-3100 x 26105



Marblehead User Fees

Athletics	
High School	2024 - 2025 Rate
1st Season	\$ 540.00
2nd Season	\$ 490.00
3rd Season	\$ 440.00
Middle School	2024 - 2025 Rate
1st Season	\$ 260.00
2nd Season	\$ 210.00
3rd Season	\$ 160.00

	2024 - 2025 Rate
High School Clubs or Flag Football (unlimited)	\$ 290.00
Middle School Intramural Sports/Activities (unlimited)	\$ 290.00
Elementary Intramural Sports/Activities (Unlimited)	\$ 290.00

You may not need to complete the Income sectionIf you	ır student has been
approved for Free Meals through the State, via the virtual gateway, please check this	box □and go to STEP
$\underline{2}$ (you will also skip section 3 and 4). If NOT, please complete STEPS 1 through 5 for	the INCOME
requirement.	

STEP 1: Income requirements

First, calculate your household's ANNUAL income. Make sure to include <u>all</u> income sources, including work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veteran's benefits, and child income. Use gross income, <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.

Second, identify the total number of people in your household in the table below. Count all children and adults, related and un-related, that live in your household and share income and expenses.

Third, follow the arrow from the number of people to the incomes that qualify. If your household income is in the listed range for the number of people in your household, check the box and complete the form. Your household must meet the income requirements for your household size in order to be identified as low income for school aid purposes. For example, a household with one adult and two children (three total people) and an income of \$40,000 would qualify because their income is between \$0 and \$47,767.

# people in household	If your household income is in this	then check this box.
	range	
2	\$0 - \$37,814	
3	\$0 - \$47,767	
4	\$0 - \$57,720	
5	\$0 - \$67,673	
6	\$0 - \$77,626	
7	\$0 - \$87,579	
8	\$0 - \$97,532	

If household income does not fall within the corresponding range based on your household size, your household does NOT qualify, and you should not complete the form.

If your household has more than 8 people, provide the following information and work with your district or school to determine whether your household qualifies.

NUMBER OF CHILDREN/ADULTS:	ANNUAL INCOME:
To be completed by the district/school:	Based on federal guidelines, does the household qualify based on size and combined annual income? If so, check this box and provide your initials: Initials:

STEP 2: Student information

List all students in the household who are or will be Participating in the Marblehead Public Schools as of September 3, 2024. If additional students should be included, please add rows below this table.

Completed	l by parents/guardians		Completed by the district/school
First name	Last name	Grade	SASID

If you check the box indicating your students have already been approved for Free meals, <u>move to</u> STEP 5

STEP 3: Supporting documentation

Please provide one or more of the following sources of evidence to verify your household income. You should submit documents that can be used to calculate <u>one recent month's</u> income, such as a biweekly paycheck stub from this month or last month. *Check all sources that apply.*

u	Jobs: Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
	Social Security, pensions, or retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
	<i>Unemployment, disability, or worker's compensation:</i> Notice of eligibility from state employment security office, check stub, or letter from the worker's compensation's office.
	Public Assistance: Benefits letter from the Massachusetts Department of Transitional Assistance for SNAP or TAFDC, or the Executive Office of Health and Human Services for MassHealth.
	Child Support or Alimony: Court decree, agreement, or copies of checks received.
	Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.
	<i>No income:</i> A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
	<i>Military Housing Privatization Initiative:</i> Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

STEP 4: Community contact

If your household is not able to provide adequate supporting documentation as listed in Step 3 above, then a **community contact** must provide written evidence to support the household's range of combined annual income reported above in Step 1. A *community contact* is a person outside of your household who knows about your household's circumstances and can attest to your household's income range selected in Step 1. Community contacts include social service agencies, religious organizations, and other community groups. Please note that a community contact (if provided) cannot be an employee of the student's district/charter school or any individual receiving payments from the district/charter school to manage or administer the income verification process. This form cannot be certified if the community contact meets either of these criteria.

	Name of community contact and organizational affiliation	
	Organization address [Street, City, State, Zip Code]	
	Contact information	
	Signature	Today's date
	EP 5: Adult signature and contact information on this application	
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	wante of addit completing the form (printed)	
	Household address (if available) [Street, City, State, Zip Code]	
	Household address (if available) [Street, City, State, Zip Code] Contact information	
		Today's date
	Contact information	
	Contact information Signature DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL The reviewed the above information and documentation and have	USE ONLY.
	Contact information Signature DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL	USE ONLY.