



North Reading Public Schools

OFFICE OF THE SUPERINTENDENT OF SCHOOLS

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Financial Assistance Program Overview

School Year: **2016-2017**

The North Reading School Committee has authorized the implementation of a sliding fee scale to provide families with financial assistance for School Committee voted fees in athletics, extra-curricular activities, and transportation. This program offers a discount to households earning up to 200% of the recently published 2016 federal poverty guidelines. Please note these income guidelines will be updated each year based on the most recently published federal poverty guidelines by the Department of Health and Human Services. The School Committee has made the following determination for income eligibility for financial assistance for the 2016-17 school year.

2016 Federal Poverty Guidelines				North Reading Salary Guidelines			
Persons in Family or Household	2016 Federal Poverty Guidelines	Free Lunch (130%)	Reduced Lunch (185%)	North Reading Fee Waiver Guidelines	Full Waiver = Free Lunch Threshold	Reduced Fee to 50% = Reduced Lunch Threshold	Reduced Fee to 75% of Fee (200%)
1	\$11,880	\$15,444	\$21,978		\$15,444	\$21,978	\$23,760
2	\$16,020	\$20,826	\$29,637		\$20,826	\$29,637	\$32,040
3	\$20,160	\$26,208	\$37,296		\$26,208	\$37,296	\$40,320
4	\$24,300	\$31,590	\$44,955		\$31,590	\$44,955	\$48,600
5	\$28,440	\$36,972	\$52,614		\$36,972	\$52,614	\$56,880
6	\$32,580	\$42,354	\$60,273		\$42,354	\$60,273	\$65,160
7	\$36,730	\$47,749	\$67,951		\$47,749	\$67,951	\$73,460
8	\$40,890	\$53,157	\$75,647		\$53,157	\$75,647	\$81,780
Each Add'l	\$4,160	\$5,408	\$7,696		\$5,408	\$7,696	\$8,320

Process for Applying

Applications are processed by the School Business Office as they are submitted. The application is available online and copies are available from the School Business Office. Due to the volume of applications at registration periods and the information required, it can take up to two weeks to have an application processed from start to final parental notification. Every effort is made to process these applications as quickly as possible.

The process for applying includes the following steps:

1. Complete the application and provide copies of the documentation requested;
2. Submit completed form to the School Business Office;
3. Determination is made by the School Business Office;
4. The School Business Office completes notification by letter to the family, school principal, and program(s).
5. **Parents and guardians intending to apply to the free and reduced lunch program must complete a separate application with the food service department. The USDA National School Lunch Program guidelines allow the sharing of free and reduced lunch information with other programs with a signed waiver.**
6. **Completing this waiver eliminates the need to submit this separate financial assistance application.**

Due to the nature of the applications process, we do not take into account mortgage payments, property value, college tuitions, or household expenses.

Determination of Income

Fee discounts are based solely on household income. Documentation of household income includes but is not limited to the following:

1. Internal Revenue Service Form 1040, page 1 & 2 of all adults residing in the household;
2. Supplemental Security Income (SSI) and Disability Income;
3. Unemployment Compensation and Severance Pay;
4. Alimony and Child Support Agreements;
5. Transitional Assistance Letters and Benefits;
6. Non-Custodial Parent income is considered when that parent receives the tax deduction for the dependent and there is no record of child support;
7. Pay stubs if there has been a decline in income from the previous tax year.

Background of the Program

The School Department undertook the processing of financial assistance for families seeking relief from various program fees. The program goals are as follows:

1. Implement an objective financial assistance program for all students and families;
2. Allow families a single point of contact and determination within the school district;
3. Adhere to a standard of confidentiality throughout the district;

Financial assistance is offered system-wide and includes the School Committee voted fees which include busing fees, athletic fees, extracurricular fees, it does not apply to optional overnight school trips and optional tuition based programs like full day kindergarten and pre-school.

North Reading Public Schools 2016-2017 Financial Assistance Application

(PLEASE PRINT CLEARLY)

Required Documentation and Procedure (check off documents attached to this application):

- Most recent IRS 1040 Form (pages 1 and 2 for all wage earners supporting child(ren))
- Copy(ies) of supporting documentation (section from divorce decree) pertaining to child support and alimony
- Copy(ies) of unemployment and paycheck stubs ONLY if changes have occurred since most recent tax filing
- Copy of Transitional Assistance Benefits Letter, if applicable

Failure to provide proof of all income will result in a delay in processing this request.

DO NOT SEND ORIGINALS; they cannot be returned. Copies can be made for you at the Business Office.

All documentation is treated confidentially and details are not shared with other offices or departments; all documents will be shredded after three years.

Your first name	Last name	Phone (H)	Address
		Phone (C)	
Other Parent/Guardian	Last name	Phone (H)	Address
		Phone (C)	

1a. Check off Adults in Household:

- Yourself Other: Name/Relationship _____
- Spouse

Enter total adults claimed on tax return:

1b. List all Dependents Living with you:

					Please Indicate Program		
FIRST NAME:	LAST NAME:	RELATIONSHIP:	GRADE 2016-2017	SCHOOL 2016-2017	Athletic User Fee	Extra-Curr. User Fee	Bus Fees

Total number of dependents claimed by you on your tax return listed in 1a above:

Total number of dependents claimed by you on your tax return listed in 1b above:

** Please list sport(s) or activity(s) here: _____

2a. Yearly Income supporting child(ren) ENTER WHOLE DOLLARS:

	Father:	Mother:	Step Parent:	Other:	Totals:
Gross Annual Income.....					\$
Social Security Death Benefit.....					\$
Disability Benefit.....					\$
If deceased – date of death.....					

2b. Other yearly income:

TANF or Food Stamp #: _____	\$
Child Support:	\$
Alimony:	\$
SSI Benefits:	\$
Other Income – List Source(s): _____	\$
TOTAL GROSS FAMILY INCOME FROM 2a AND 2b:.....	\$

An adult household member must sign the application.

I certify under pains and penalties of perjury that all information on this application is true and that all income is reported. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.

PRINT NAME: _____

SIGNATURE: _____