



# Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

Mary Ellen N. Dunn.  
Assistant Superintendent for Finance and Business

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## **Financial Assistance Application**

Dear Parents;

Financial assistance is available to families earning less than double the Federal poverty guideline and reduced fees for families earning less than three and one-half times the Federal Poverty Guideline. At the time you register your child for any fee-based program, you must request a financial waiver from the Business Office at Lexington Public Schools. The application is a once-a-school-year application and you may apply for multiple program assistance. Application periods open on each May 1<sup>st</sup>.

Please be aware that signed **Federal Tax Returns** for the most recent tax filing, **Transitional Assistance Letters** (issued in August), **child support and alimony or SSI correspondence** are **required** to document income before the level of assistance can be determined. All documents provided are kept confidential and are not included in any student file. All documentation received is kept for three years and then shredded and destroyed.

On the reverse side, please find the Lexington Public Schools Financial Assistance Application that you requested. Completion of all information is necessary in order to make a determination. Incomplete applications will be returned.

Documentation of all income supporting your child(ren) is required. Copies can be made at the Business Office, at no charge to you, if you submit your application in person. If mailed, documents will not be copied and returned to you.

If you have any questions regarding the application process, please contact the business office at (781) 861-2563 x 215. Once a determination as to eligibility is made, you will be notified of that decision by letter. Please allow four weeks for processing. Thank you.

Sincerely,

Mary Ellen N. Dunn  
Assistant Superintendent for Finance and Business

**REQUIRED DOCUMENTATION AND PROCEDURE (check off documents attached to application):**

- Provide most recent **signed** IRS 1040 Form (pages 1 and 2 for all wage earners supporting child/children).
- Attach copies of supporting documentation (section from divorce decree) pertaining to child support and alimony.
- Send copies of unemployment and paycheck stubs if income has declined since most recent tax filing.
- Copy of Transitional Assistance Benefits Letter

***Failure to provide proof of all income (see above) 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 Lexington Public Schools Business Office.**

*All documentation is treated confidentially and details are not shared with any other offices or departments.*

*All documents are shredded after three years.*

Your first name and initial	Last Name	Home Phone	Address
Other Parent/Guardian first name	Last Name	Home Phone	Address

**1a Check off Adults in Household:**

- Yourself  Spouse/civil union/partner   
 Other  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Enter total adults claimed on tax return..

**1b List all Dependents living with you:**

First Name	Last Name	Relationship to you	2009/2010 Grade	2009/2010 School	Check if filing for fee assistance with:				
					Bussing	Athletic	Lessons	Kindergarten	Other**

\*\*Other would include **mandatory** school field trips and other school related fees; not events or overnight travel when **optional**.

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

**Note: This line should tie to line 6d, Form 1040, of most recent tax return.**



Total number claimed by you on your tax return listed in 1a and 1b above.....

**2a Yearly Income supporting child(ren):**

*Enter Whole Dollars*

- Gross Yearly Wages
- Social Security Death Benefit
- Disability Benefit
- If deceased - date of death

Mother	Father	Step Mother	Step Father	Other	Totals
					\$

**2b Other yearly income:**

TANF or Food Stamp #: _____	\$
Child Support.....	
Alimony.....	
SSI benefits.....	
Other income - List Source(s): _____	
<b>Total Gross Family Income from 2a and 2 b</b>	<b>\$</b>

An adult household member must sign the application.

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_

<b>MAIL TO:</b>	Ms. Mary Ellen Dunn, Assistant Superintendent for Finance and Business, Lexington Public Schools, 146 Maple Street, Lexington, MA 02420
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