

Andover Public Schools

Fee Reduction Form

Please circle all fee reductions you are applying for:

Transportation	Athletics	AHS Parking	Outdoor Education
Full-Day Kindergarten	Preschool	Instrumental K-12 Music Program	Middle School Ex-curricular
iAndover Technology	Other: Please describe		

You must re-apply for fee reductions each school year.

Please Print Information

1. STUDENT INFORMATION (list students seeking fee reduction)

Student Name (list each student on separate line)	Name of School	Grade	Food Stamp or TANDC case#

2. HOUSEHOLD MEMBERS AND MONTHLY INCOME

Please use income information for the most recently completed month.

Names of Household Members	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments Child Support Alimony	MONTHLY Payments from Pensions, Social Security	MONTHLY Unemployment Benefits,	MONTHLY Any Other Income note if "NONE"
	Job 1	Job 2				
(list everyone in household including all children and dependents)						

3. SIGNATURE

Under penalties of perjury, I declare that all of the above information is true and correct, and that all income is reported and complete. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Parent/Guardian:	Date:	
Home Phone#:	Cell Phone#:	Printed Name
Address:		

Copy of Tax Return, 4 most recent pay stubs, and unemployment benefit statement to verify income amounts above is required to be submitted with this form. Proper documentation must be received with application or full fee may be assessed.

If you receive food stamps, SNAP or TAFDC, please enclose a copy of your government issued card.

ANDOVER PUBLIC SCHOOLS
 BUSINESS OFFICE
 36 BARTLET STREET
 ANDOVER, MA 01810

School Transportation Office Use Only				
Monthly Income:	Household size:		FS/TANF:	
Eligibility:	Free:	Reduced:	Denied:	Reason:
Documentation Complete:	1040	Pay Stub		