

Hanover Public Schools

Matthew A. Ferron
Superintendent of Schools



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Business Manager

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Assistant Superintendent

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Director of Student Services

Application for Reduced Kindergarten Tuition 2017-2018

Part I : Children in School			
First, MI, Last	School Name	Grade	Food Stamp or TANF # (if applicable)

Part II : Total Household Income		Give all amounts MONTHLY		
Name List everyone in household	Earnings from work before deductions	Child Support, welfare, alimony, etc.	Pension, retirement, social security	All other income

Part III : Signature and Social Security Number – Adult Must Sign		
<p><i>I certify (promise) that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my child may lose eligibility for full day kindergarten and I may be prosecuted.</i></p>		
Signature	Print Name	Social Security Number

ELIGIBILITY GUIDELINES	REQUIRED DOCUMENTATION																
<p>You may qualify for reduced tuition if household income falls within the limits of this chart:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">FEDERAL INCOME CHART</th> </tr> <tr> <th style="width: 50%;">Household Size</th> <th style="width: 50%;">Monthly Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1,832</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$2,470</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$3,108</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$3,747</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$4,385</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$5,023</td></tr> </tbody> </table>	FEDERAL INCOME CHART		Household Size	Monthly Income	1	\$1,832	2	\$2,470	3	\$3,108	4	\$3,747	5	\$4,385	6	\$5,023	<p>4 Consecutive weeks of paystubs (1 month) Must be most recent weeks <input type="checkbox"/></p> <p>Copy of last year's tax return (including W-2) <input type="checkbox"/></p> <p>Award letter from assistance agency (if applicable) <input type="checkbox"/></p> <p>Copy of support payment decree (if applicable) <input type="checkbox"/></p> <p>Copy of birth certificate for <u>every</u> family member listed <input type="checkbox"/></p>
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