Hanover Public Schools

Matthew A. Ferron
Superintendent of Schools

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Application for Reduced Kindergarten Tuition

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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					

F	Part II: Total Household Incom	e G	ive all amounts MONT		
	Name List everyone in household	Earnings from work before deductions	Child Support, welfare, alimony,	Pension, retirement,	All other income
	,		etc.	social security	

Part III : Signature and Social Security Number – Adult Must Sign						
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.						
Signature	Print Name	Social Security Number				

ELIGIBILITY GUIDELINES REQUIRED DOCUMENTATION You may qualify for reduced tuition if household 4 Consecutive weeks of pay stubs (1 month) income falls within the limits of this chart: Must be most recent weeks FEDERAL INCOME CHART **Household Size** Copy of last year's tax return (including W-2) Monthly Income \$1,986 1 2 \$2,686 Award letter from assistance agency (if applicable) 3 \$3,386 4 \$4,086 Copy of support payment decree (if applicable) 5 \$4,786 6 \$5,486 Copy of birth certificate for every family member listed