

**EAST BRIDGEWATER PUBLIC SCHOOLS
TRANSPORTATION FEE WAIVER APPLICATION
2010-2011**

Student Name: _____ **School:** _____

Foster Child: Yes (provide documentation) No

Head of Household Name: _____

Name & Social Security Numbers of all Household Members (include head of household)	Before Deductions Gross Monthly Income		Any Other Monthly Income (See Lists Below)
	<u>Job 1</u>	<u>Job 2</u>	
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

I certify that all of the above information is true and correct and that all income is reported.

Signature of Adult Household Member: _____

Home Telephone Number: _____ Date: _____

Work/Cell Telephone Number: _____

Street Address: _____

Mailing Address: _____

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's Compensation
Net income from self-owned
Business

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Adoption Subsidies
Pension/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Other Income

Disability benefits
Cash withdrawn from
savings
Interest/Dividends
Income from estates
trusts/investments
Regular contributions
from persons not
living in household
Net royalties/
Annuities/net rental
Income

COMPLETED FORM & DOCUMENTATION DUE BY JULY 1, 2010

Please return to: East Bridgewater Public Schools
Superintendent's Office/Accounts Payable Dept.
11 Plymouth Street
East Bridgewater, MA 02333