Wayland Public Schools Financial Assistance Application

Please provide the following confidential information in its entirety.

Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Street Address
Other Parent/Guardian Last Name	Other Parent/Guardian Last Name	Home Phone	Street Address
E-mail:			

List everyone who lives in your household – both adults and children – including yourself.

Last Name	First Name	Relationship to You	
		Self	Total Number of members residing in your household and claimed on Line 6d of your most recent tax filing:
			# claimed on Federal tax filing ____ OR I did not file a tax return ☐

List only students for whom you are requesting fee waivers.

Last Name	First Name	Relationship to You	School	Entering Grade

Provide all applicable financial information below detailing the yearly GROSS income supporting the child(ren) listed above. Copies of supporting documentation must be included with this application.

- Copy of most recent IRS Form 1040, pages 1 & 2, for all wage earners supporting the child/children
- Copy of supporting documentation (section from divorce decree) pertaining to child support & alimony
- Copies of unemployment and paycheck stubs *only* if changes have occurred since the most recent tax filing
- Copy of most recent Transitional Assistance Benefits letter, if applicable

Do not send originals. They cannot be returned. Copies can be made for you in person at the Wayland Public Schools' Business Office. All documentation is treated confidentially and details are not shared with any other offices or departments. All documents are shredded and destroyed after three (3) years.

Failure to provide proof of all income will result in a delay in processing this application.

Enter Whole Dollars Only	Father	Mother	Step Father	Step Mother	Other	Yearly Total
Gross Yearly Wages	$	$	$	$	$	$
Social Security Death Benefit						
Disability Benefit						
Unemployment Compensation						
Child Support						
Alimony						
TANF # _____						
Food Stamp # _____						
Other Income (List Sources)						
Total Gross Family Income	$	$	$	$	$	$

I certify that all information is true and that all income is reported on this application.

Signed:_____ Print Name: _____ Date: _____

Mail completed form and all supporting documentation to the School Business Administrator, Wayland Public Schools, PO Box 408, Wayland, MA 01778.