Wayland Public School

2022-2023 Financial Assistance Application Form

Name of person completing the application:					Relat	Relationship to student(s)		
Last Name		First Name			Date	Date		
Street Address		City/Town			Dayti	Daytime Phone Cell Phone		
PART 1: List the names of all familin your home along with the school Schools. If applicable, a separate applicable is a separate applicable.	and grad	le for student	s attending	Wayland P ter child.	ublic	Enter student info	ormation here:	
Last Name First Na		ame		Relationship to person completing application		2022-2023 School Attending:	2022-2023 Grade Entering	
Total number of family members cla	imed on	your tax retui	rn who are	living in you	ur home:		-	
PART 2: Check off all that applies b is not provided. Determination of fin		sistance is bas						
Required Documentation (As Applicable)		Check if Document is Included		Document Applicable	Expla	Explain reason why document is not provided, if applicable:		
2021 IRS Tax Return 1040; If unavai call IRS at 1-800-908-9946 or visit: https://www.irs.gov/Individuals/Ge Transcript.	ŕ							
Alimony and Child Support Agreemen	nts.							
Supplemental Security Income (SSI) Disability and Death Benefit letter								
documenting benefit(s) dated in 2021 Transitional Assistance Letter dated in								
for SNAP (Supplemental Nutrition Assistance Program - Food Stamps) of TANF (Temporary Assistance for Ne Families) Benefits.								
Documentation for Foster Child (Fosthildren are handled as one household	d and							
are not included as a member of the fin which they are residing or in the household income of the custodial pa	•							
Non-custodial parent income is consument one parent received the tax decount of the dependent and there is no recount of the dependent of	sidered duction ord of							
Unearned income, gifts, donations, fa support (e.g., rent free housing, mone								

from outside of the domicile must be reported as financial support.

PART 3: Check the following program(s) for which you are applying for financial assistance and to give permission to share your

information with the program(s) selected:

Wayland Athletic Program
Wayland Laptop Maintenance Program for Wayland High School
Wayland Laptop Maintenance Program for Wayland Middle School
Wayland Elementary Instrumental Music Program
Wayland School Bus Transportation Program
Wayland Full Day Kindergarten Program
BASE Program
Pegasus Program
I certify (promise) that all information and documentation provided with the application is true and that all income sources have been listed. I understand that school officials may verify (check) the information provided and that if I purposely failed to provide all sources of income or have provided false information, my child(ren) may lose benefits.

Mail completed form and all supporting documentation to the Director of Finance and Operations, Wayland Public Schools, 41 Cochituate Road, Wayland, MA 01778.

Signed: _____ Print Name: _____ Date: ____