

**BARNSTABLE PUBLIC SCHOOLS**  
TRANSPORTATION FEE WAIVER INFORMATION PAGE #1

SANDY GIFFORD - Transportation Director

Phone: 508 – 790-6498

JANET COBB – Dispatcher

Phone: 508 – 790-6497

TRANSPORTATION OFFICE

845 Falmouth Road/Route 28

Hyannis, Massachusetts 02601

Fax: 508-790-6353

**TRANSPORTATION FEE WAIVER INFORMATION**  
**2011/2012**

The Barnstable Public Schools is levying a \$175.00 fee per child up to \$350.00 per household, family maximum, for bus transportation. However, if your household income falls within the Barnstable School District's Reduction Waiver Scale, your child may ride the bus at no cost to you or a reduced cost of \$75.00 per child with a family max. of \$150.00.

To receive the waiver or reduction of the fee, you must complete an application and return it to the following: Barnstable Public Schools Transportation Office, c/o Janet Cobb or Sandy Gifford, 845 Falmouth Road/Route 28, Hyannis, MA 02601. An incomplete application will not be approved.

**VERIFICATION:**

Your eligibility to receive the full or reduced waiver will be thoroughly verified. Therefore, **you are required to submit your 2010 Federal tax return (form 1040) in a sealed envelope and staple it to your application.\* IF your income has changed since you filed your 2010 return, you may also supply verification of your most recent income along with the Form 1040 AND a letter of explanation of the change. IF you did NOT file a tax return, you must request from the IRS a letter of verification of non-filing, you can contact the IRS at 1-800-829-1040 and request a letter of non-filing. You can also visit the local IRS office located at: 75 Percerverance Way, Hyannis Ma.**

**You are still required to provide copies of your current income ie.. TAFDC, child support, Social Security or Disability, etc... You cannot qualify for free, if you cannot provide any of the above, however you MAY be considered for the reduced fee, depending on your documentation of income.**

**CONFIDENTIALITY:**

The information on your application and your most recent tax form will be kept in the strictest confidence. The application will be used for the sole purpose of determining eligibility for a full or reduced waiver of the transportation fee.

**REAPPLICATION:**

A family may apply for a full or reduced waiver any time during the school year. If you do not qualify now, but there is a decrease in the household income, complete an application at that time, during the current school year.

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**Barnstable Public Schools Reduction Waiver Scale  
Maximum Income Chart**

<b>Household Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
<b>1</b>	<b>\$20,036</b>	<b>\$1,670</b>	<b>\$386</b>
<b>2</b>	<b>\$26,955</b>	<b>\$2,247</b>	<b>\$519</b>
<b>3</b>	<b>\$33,874</b>	<b>\$2,823</b>	<b>\$652</b>
<b>4</b>	<b>\$40,793</b>	<b>\$3,400</b>	<b>\$785</b>
<b>5</b>	<b>\$47,712</b>	<b>\$3,976</b>	<b>\$918</b>
<b>6</b>	<b>\$54,631</b>	<b>\$4,553</b>	<b>\$1,051</b>
<b>7</b>	<b>\$61,550</b>	<b>\$5,130</b>	<b>\$1,184</b>
<b>8</b>	<b>\$68,469</b>	<b>\$5,706</b>	<b>\$1,317</b>
<b>For each additional Family member, add:</b>	<b>\$6,919</b>	<b>\$577</b>	<b>\$134</b>

**FEE WAIVER APPLICATION ON BACK-----OVER →**

**BARNSTABLE PUBLIC SCHOOLS**  
 TRANSPORTATION FEE WAIVER APPLICATION, PAGE #3

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**APPLICATION FOR TRANSPORTATION REDUCED OR FULL FEE WAIVER**  
**2011 –2012**

**Student(s) Name:** \_\_\_\_\_ **School:** \_\_\_\_\_  
 \_\_\_\_\_ **School:** \_\_\_\_\_  
 \_\_\_\_\_ **School:** \_\_\_\_\_  
 \_\_\_\_\_ **School:** \_\_\_\_\_

**Foster Child:** Yes No

**Head of Household Name:** \_\_\_\_\_

Name & Social Security Numbers of Household Members (include Head of Household)	Before Deductions Gross Monthly Income		Any Other Monthly Income
	Job 1	Job 2	
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 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  
 Alimony  
**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/Annuity  
 Net rental Income