

**Foxborough Regional Charter School**  
**131 Central Street, Foxborough, MA 02035**  
**508.543.2508/ 508.543.7982 Fax**  
**email: lgibbs@foxboroughrcs.org**

**2008-2009 TRANSPORTATION / FEE WAIVER APPLICATION**

*Fee Waiver Applications WILL NOT BE PROCESSED and bus routes not assigned without income verification. Please attach a copy of pay stub or income tax return, etc. to this Application.*

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(One Application Per Family)

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_

STUDENT(S) ADDRESS: \_\_\_\_\_

List the Student's FOOD STAMP or AFDC case number, if any:

AFDC NUMBER: \_\_\_\_\_ FOOD STAMP NUMBER: \_\_\_\_\_

List all Household Members including Parent(s) and Child(ren) and Monthly Income:

Names of All Family Members	Gross MONTHLY Earnings (Before Deductions)	MONTHLY Welfare Payments Child Support Alimony	MONTHLY Payments from Pensions Retirement Social Security	Any Other Monthly Income
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

**SIGNATURE & SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on this application.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

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**FOR SCHOOL USE ONLY: DO NOT WRITE IN THE SPACE BELOW**

Total Household Size: \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ AFDC: Y N FOOD STAMPS: Y N

Eligibility Determination: \$ \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Temporary until: \_\_\_\_\_

Reason for Denial: ( Income Too High ) (Incomplete) (Other)