

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

Packet 2 of 2

Please return this packet at your parent registration appointment.

Kindergarten Program Choice

Student's Name _____
Last First Middle

Student Address/Residence _____
House #/ Street/ Apartment #

Kindergarten Program Choice

(One of these boxes must be checked)

- I choose Full Day Kindergarten for my child.
- I understand that the (projected) tuition is \$3,550 unless I qualify for a reduced fee and provide adequate documentation.
 - I understand that my child's school assignment is based on the School District's Elementary Student Assignment Policy and may not be my child's "neighborhood school".

If you are paying the full price of \$3,550 and only need to submit this form at Registration.

- I choose Half Day Kindergarten for my child.
- I understand that there is no tuition for the half day option.
 - I understand that my child's school assignment is up to the discretion of the school administration and may not be my child's "neighborhood school".

Kindergarten is a one year program with the expectation that your child will enter Grade 1 for the 2013-14 school year. Your child can only be retained in Kindergarten if the Principal makes that recommendation. True for half-day and full-day students.

Signature of Parent/Guardian

Date

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

Policy for Tuition & Kindergarten Student Assignment

TUITION FOR FULL-DAY KINDERGARTEN

1. Families will pay tuition for FDK based on the sliding fee scale approved by the Milton School Committee
2. Families with multiple kindergarten students attending during the same school year shall use the sliding fee payment scale. They shall pay their full rate for the first child; two steps lower on the scale for the second child; the third+ child shall have the fee waived.
3. Fees for extra-curricular events related to FDK will be included as part of tuition. There will be no additional fees for extra-curricular activities (i.e. field trips)
4. A deposit of 10% of the sliding fee is required to reserve a place in the FDK program. These deposits are due at your student screening appointment.
5. Milton Public Schools will comply with all Department of Elementary and Secondary Education requirements regarding full-day kindergarten

KINDERGARTEN STUDENT ASSIGNMENT

1. The district student assignment policy will be followed in assigning all kindergarten students, whether in the full or half day programs. In the event that it is necessary to balance class size across the district by assigning some students outside their attendance areas, the following steps will be taken.

For the Half-Day K Program:

- a) Due to low enrollment and budget reductions students will be assigned to a full day classroom and attend for only a portion of the day.

For the Full-Day K Program:

- a) Incoming kindergarten students who have siblings that are currently in elementary school, in Milton, will be assigned to the same elementary school that their sibling attends.
 - b) In the event that class size needs to be balanced around the system, principals will contact enrolled families to determine whether there are any volunteers that are willing to move to a school outside their attendance area.
 - c) If not enough families volunteer to move to a school outside their attendance area to balance class size through step (b):
 - I. Placement in attendance area schools will be determined on a first-come, first-served basis, according to when registration is complete (initial deadline of April 30, 2012). All families that complete registration by the deadline of April 30, 2012 will be considered to be complete at the same time.
 - II. Student geographic proximity to schools will also be considered. This will minimize transportation costs associated with the balancing of attendance areas.
2. Any kindergarten student assigned to a school outside his/her attendance area will receive free transportation during their kindergarten school year.

Kindergarten Financial Information Instructions

1. The (projected) tuition for Full Day Kindergarten for the 2012-13 school year is \$3,550.
2. Some families may qualify for a lower tuition amount. Please refer to the enclosed “Sliding Fee Scale” to determine if you would be eligible for a reduced tuition.
3. To apply for a reduced tuition, please complete the attached “Full-Day Kindergarten Financial Application” and submit it along with the required documents at your parent registration appointment.
4. The following are the required documents to qualify for a reduced tuition amount:
 - a. A copy of your 2010 or 2011 tax return
 - b. Corresponding W-2 & 1099 forms for all household members
 - c. A copy of one month’s pay stubs for each working household member (4 weeks within the most recent six week period)
 - d. If you are newly employed, and don’t yet have 4 weeks of pay stubs, you may provide a letter from your employer on their stationery stating your gross monthly income
 - e. Deadline to submit all documentation is April 30, 2012
5. You will be notified of your tuition amount by email in May 2012.
6. Families that do not provide sufficient documentation will pay the maximum tuition.
7. Deposits will be collected at your child’s screening in May/June 2012.

The following pages should be filled out and brought to the Parent Registration if you would like to qualify for a lower fee on the sliding fee scale.

Please be sure to bring your tax returns and pay stubs as indicated above.

If you are unable to provide the requested information, please contact Lori Dunn at 617-696-5040 x 5544 prior to coming to the Parent Registration.

Instructions for Applying

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If you are applying for a HOMELESS, MIGRANT, OR RUNAWAY CHILD, check the appropriate box in Part 2, and contact your school, homeless liaison, or migrant coordinator. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received.

- *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
- *All other income:* List the amount each person got last month from:
 - Welfare, child support, alimony (second column)
 - Pensions, retirement, Social Security (third column)
 - ALL OTHER INCOME SOURCES, including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. (fourth column)

Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

**FULL DAY KINDERGARTEN FINANCIAL APPLICATION
ONE APPLICATION PER FAMILY OR HOUSEHOLD**

ATTACHMENT A

Part 1. Children in School (Use a separate application for each foster child)

| <u>Names of ALL children in the Milton Schools</u> | School Name | Grade | Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case # |
|--|-------------|-------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator at phone #617-696-4480 extension 5530
 Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

| 1. Name (List everyone in household) | 2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> | | | | 3. Check if NO income |
|---|--|---------------------------------|---------------------------------------|------------------|--------------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| <i>(Example)</i> Jane Smith | \$200/weekly | \$150/weekly | \$100/monthly | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Mark one ethnic identity:

Asian American Indian or Alaska Native Hispanic or Latino
 White Native Hawaiian or Other Pacific Islander Not Hispanic or Latino
 Black or African American Other

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act and the Massachusetts Department of Education require the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for the full-day kindergarten sliding fee scale or for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for the Milton Full-Day Kindergarten sliding fee scale or for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer

**2012-13 FULL DAY (Projected) KINDERGARTEN
SLIDING FEE SCALE**

| Fee Level | Percentage of State Median Income (Annual) | Family Size / Gross Annual Income | | | | | | | | Sliding Fee Percent | Fee @ \$3,550 Tuition |
|-----------|--|-----------------------------------|--------|---------|---------|---------|---------|---------|---------|---------------------|-----------------------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
| 1 | Up to 25%* | 17,158 | 21,187 | 25,229 | 29,258 | 33,299 | 34,049 | 34,812 | 35,562 | Free | Free |
| 2 | 26-35%* | 24,019 | 29,657 | 35,308 | 40,959 | 46,609 | 47,674 | 48,727 | 49,792 | 10% | 310 |
| 3 | 36 - 50%* | 34,304 | 42,374 | 50,445 | 58,516 | 66,586 | 68,099 | 69,611 | 71,124 | 18% | 558 |
| 4 | 51 - 65% | 44,601 | 55,091 | 65,582 | 76,073 | 86,563 | 88,536 | 90,508 | 92,468 | 25% | 888 |
| 5 | 66 - 85% | 58,310 | 72,031 | 85,753 | 99,474 | 113,196 | 115,773 | 118,350 | 120,915 | 50% | 1,775 |
| 6 | 86 - 100% | 68,607 | 84,748 | 100,890 | 117,031 | 133,173 | 136,210 | 139,235 | 142,260 | 75% | 2,663 |
| 7 | Above 100% | 68,608 | 84,749 | 100,891 | 117,032 | 133,174 | 136,211 | 139,236 | 142,261 | 100% | 3,550 |