

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

Policy for Tuition & Preschool Student Assignment

TUITION FOR PRESCHOOL

1. Families will pay tuition for preschool based on the sliding fee scale approved by the Milton School Committee.
2. Fees for extra-curricular events related to preschool will be included as part of tuition. There will be no additional fees for extra-curricular activities (i.e. field trips)
3. Any family wishing to apply for tuition assistance must submit a \$50.00 deposit along with application and supporting documentation.

ANNUAL TUITION RATES

Tucker School Full Day:	\$8400
Tucker School Half Day:	\$3550 (5-day) \$2840 (4-day)
Cunningham Half Day:	\$3550 (5-day) \$2840 (4-day)

Based upon family size and income, tuition may be reduced for some families (see below).

Preschool Financial Information Instructions

1. 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.
2. To apply for a reduced tuition, please complete the attached “Preschool Financial Application” and submit it along with the required documents at the time of your registration.
3. The following are the required documents to qualify for a reduced tuition amount:
 - a. A copy of your 2021 tax return
 - i. 2020 tax return is acceptable if you have not filed your 2021 taxes as of registration deadline.
 - b. Corresponding 2021 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
4. You will be notified of your tuition amount by email in April 2022.
5. Families that do not provide sufficient documentation will pay the maximum tuition.
6. A deposit of \$50.00 will be collected at your child’s registration along with the application and required supporting documentation.
7. If you are unable to comply with the items requested above, you will need to meet with the Assistant Superintendent for Business Affairs and provide alternate documents.

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: Fill Out

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: Fill out

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.

**PRESCHOOL 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).

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 #617-696-5040 extension 5574

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: \$_____.

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

1. Name (List everyone in household) <i>(Example)</i> Jane Smith	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	
	\$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"/>

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:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

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 preschool 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 Preschool 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

**MILTON PUBLIC SCHOOLS
2022-23 PRESCHOOL
SLIDING FEE SCALE**

Fee Level	Percentage of State Median Income (Annual)	Family Size/ Gross Annual Income								Sliding Fee %	Fee @ \$3,550 Tuition
		2	3	4	5	6	4	8	9		
1	Up to 25%	18,732	23,140	27,548	31,955	36,363	37,189	38,016	38,842	Free	Free
2	26-35%	26,225	32,396	38,567	44,738	50,908	52,065	53,222	54,379	10%	355
3	36-50%	37,465	46,280	55,096	63,911	72,726	74,379	76,032	77,685	18%	639
4	51-65%	48,704	60,164	71,624	83,084	94,544	96,693	98,841	100,990	25%	888
5	66-85%	63,690	78,676	93,662	108,648	123,634	126,444	129,254	132,064	50%	1,775
6	86-100%	74,930	92,560	110,191	127,822	145,452	148,758	152,064	155,369	75%	2,663
7	Above 100%	74,930+	92,560+	110,191+	127,822+	145,452+	148,758+	152,064+	155,369+	100%	3,550