

## 2021/2022 APPLICATION FOR KINDERGARTEN TUITION REDUCTION **REVERE LOCAL SCHOOLS**

The following are some answers to common questions. If you have additional questions that are not covered here, you may contact the Treasurer's Office at 330-523-3109 or the Registrar's Office at 330-523-3105.

1. Applications must be submitted to the Registrar to be processed. A copy of the front page of your 2020 Tax Return(s) must be attached to the application that shows adjusted gross income. If you filed separately, a copy of both returns are required.

Completed applications and tax return(s) must be submitted to the Registration Office, 3496 Everett Rd, PO Box 340, Bath, OH 44210. Families will be notified of their status after the application is processed.

2. The signed Tuition Agreement (with all applicable deposits) must be on file in the Treasurer's Office in order for this application to be processed.

3. Approval of this application is separate than the approval for Free or Reduced Lunches for the National School Lunch Program and does not automatically qualify you for Free or Reduced Lunches. You must submit the 'Free and Reduced Lunch Application' separately to the 'Office of Nutrition Services, located at RMS, by October 1<sup>st</sup> of each school year.

### **Full Day Kindergarten Tuition Scale (per student) for Monthly Payment**

	Regular Tuition Rate	"Regular" for Each Additional Sibling	Reduced* Rate	"Reduced*" for Each Additional Sibling	Free* Rate	"Free" for Each Additional Sibling
Yearly Tuition	\$3,000.00	\$2,655	\$1,500.00	\$1,327.50	\$750.00	\$663.75
(10) Monthly Payments	\$300.00	\$265.50	\$150.00	\$132.75	\$75.00	\$66.38

### **Early Payment Bonus Option (if Paid in Full by or on Friday, September 10, 2021) –**

*We will reduce the amount due by one month's tuition. This Bonus Option applies for all Tuition Scales. Call the office to get a payoff balance: Ms. Thomas 330-523-3105 or Mrs. Dietz 330-523-3110.*

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**Your children may qualify for free or reduced tuition if your household income falls at or below the limits on this chart:**

The following Poverty Guidelines are in effect July 1, 2020 through June 30, 2021. (A new Scale will be available beginning July 2021.)

Household Size	2021 Annual Gross Income	
	Free	Reduced
No. of Household Members		
1	\$16,588	\$23,606
2	\$22,412	\$31,894
3	\$28,236	\$40,182
4	\$34,060	\$48,470
5	\$39,884	\$56,758
6	\$45,708	\$65,046
7	\$51,532	\$73,334
8	\$57,356	\$81,622
For each additional family member, add...	+\$5,842	+8,288

## 2021-2022 FULL-DAY KINDERGARTEN -TUITION REDUCTION APPLICATION

\*Submit with the First Page of your 2020 Tax Return showing household Adjusted Gross Income\*

**Part 1. ALL HOUSEHOLD MEMBERS (Household member is any child or adult living with you.)**

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school.  School                                  Grade	Check if a foster child (legal responsibility of welfare agency or court)	Check if No Income
		<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits. If no one receives these benefits, skip to Part 3.

**NAME:** \_\_\_\_\_ **10-DIGIT CASE NUMBER:** \_\_\_\_\_

**Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions; not take-home pay).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

*\*All Other Income:* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**

A. NAME (List all household members with income)	Earnings from work before deductions	Every 2 Weeks				Welfare, child support, alimony	Every 2 Weeks				Pensions, retirement, Social Security, SSI, VA benefits	Every 2 Weeks				All Other Income* (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
		Weekly	Twice Monthly	Monthly			Weekly	Twice Monthly	Monthly			Weekly	Twice Monthly	Monthly		
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<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"/>	<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"/>	\$	<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"/>	<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"/>	\$	<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 4. SIGNATURE of PARENT/GUARDIAN:**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my children may lose free/reduced tuition benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_