

# **REVERE LOCAL SCHOOLS**

## **2022/2023 Application for Full-Day Kindergarten Tuition Assistance**

**To Qualify:** You must meet the Federal Income Guidelines for the “Free or Reduced” Income Scale that is based on the Gross Federal Income Chart listed below which is shown below.

**To Apply:**

1. Completed applications and tax return(s) must be submitted to the Registration Office, 3496 Everett Rd, PO Box 340, Bath, OH 44210. A copy of the front page of your 2021 Tax Return(s) must be attached to the application that shows adjusted gross income. If you filed separately, a copy of both returns is required.

**Information:**

1. Families will be notified by email of their status after the application is processed. Monthly payments will be pro-rated to the appropriate scale, if approved.
2. 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 OR when there is a change in status of your household to qualify.
3. If desired, You may call to get a payoff balance: *Ms. Thomas 330-523-3121 or Mrs. Dietz 330-523-3110.*
4. If are experiencing a specific hardship, please contact the Registrar to discuss options.
5. Students who qualify for a fee reduction are subject to the same enrollment and Tuition Agreement requirements as all other applicants.

The Revere Local School District admits students to all the rights, privileges, programs and activities generally accorded or made available to all students in the schools. It does not discriminate on the basis of race, color, religion, gender, national origin, marital status, age, or disability in administration of its educational policies, admission policies, athletic programs, or in any other way.

If you have additional questions that are not covered here, you may contact the Treasurer’s Office at 330-523-3110 or the Registrar’s Office at 330-523-3121.

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

	<b>Regular Tuition Rate</b>	“Regular” for Each Additional Sibling	<b>Reduced* Rate</b>	“Reduced*” for Each Additional Sibling	<b>Free* Rate</b>	“Free” for Each Additional Sibling
Yearly Tuition	<b>\$3,000.00</b>	\$2,700.00	<b>\$1,500.00</b>	\$1,350.00	<b>\$750.00</b>	\$675.00
(10) Monthly Payments	<b>\$300.00</b>	\$270.00	<b>\$150.00</b>	\$135.00	<b>\$75.00</b>	\$67.50

**Early Payment Bonus Option (if Paid in Full on or before Friday, September 9, 2022) –**  
*We will reduce the amount due by one month’s tuition.*  
*This Bonus Option applies for all Tuition Scales.*

\*\*\*\*\*

**You 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, 2021 through June 30, 2022

referenced from <http://education.ohio.gov>.

<b>Household Size</b>	<b>2021 Annual Gross Income</b>	
	Free	Reduced
No. of Household Members		
1	\$16,744	\$23,828
2	\$22,646	\$32,227
3	\$28,548	\$40,626
4	\$34,450	\$49,025
5	\$40,352	\$57,424
6	\$46,254	\$65,823
7	\$52,156	\$74,222
8	\$58,058	\$82,621
For each additional family member, add...	+\$5,902	+8,399

# 2022-2023 FULL-DAY KINDERGARTEN -TUITION ASSISTANCE APPLICATION

**Submit this form along with the First Page of your 2021 Tax Return(s) showing Household Adjusted Gross Income**

**Student Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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.	Check if a foster child (legal responsibility of welfare agency or court)	Check if No Income
	School                      Grade		
		<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				Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits				All Other Income* (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")					
	Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly		
<i>(Example) Jane Smith</i>	\$200	<input checked="" 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"/>	\$ _____ / _____

**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: \_\_\_\_\_