



Sycamore Community Schools

Dear Parent/Guardian:

Sycamore Community Schools offers tuition waivers for families that qualify based on household size and income based on the previous school year's Federal Income Eligibility Guidelines. Please complete the application and submit at the time of kindergarten registration or to the District Office, 5959 Hagewa Drive, Cincinnati, OH 45242. You will be notified of your eligibility after your application has been processed.

- 1. Do I need to fill out an application for each child if I have multiple children enrolling in Full-Day Kindergarten?** No. Complete only one application and be sure to list all household members, grades or n/a on the application next to each name.
- 2. Can I get free meals?** This form does not qualify you for free or reduced-price meals. Please complete the Free and Reduced Price Family Meal Application in the fall to determine if your children qualify. Forms are available on the district website (select Services, then Child Nutrition). There is an online application, as well as a printable form. New forms are required each school year.
- 3. How does a family receive the 50% off tuition rate?** Children in households with incomes not within the Federal Income Eligibility Guidelines, yet within 110%, will qualify for a reduced rate for tuition. Be sure to read your notification letter to see what rate in which you qualify.
- 4. My child's application was approved last year for waived tuition and now I have another child in kindergarten (or a child repeating the grade level), do I need to fill out a new form?** Yes. Applications are good for only one school year. Please reapply with a current school year form.
- 5. What if I disagree with the school's decision about my application?** You may ask for a hearing by contacting the District Treasurer at 513-686-1700.
- 6. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 7. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only got \$900, put down that you make \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 8. My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other benefits contact your local assistance office or call 877-852-0010. Please apply for free or reduced price meals in the fall, after July 1, using the current school year form available on the district website, on the forms tab.



Sycamore Community Schools
Kindergarten Tuition Waiver Application for School Year 2019-2020
Each household needs only one application. Please submit at Kindergarten Open House or at District Office located at 5959 Hagewa Drive, Cincinnati, Ohio 45242

STUDENT INFORMATION

Kindergarten Student Name: _____ School Attending: Blue Ash Maple Dale

Montgomery Symmes

Address: _____

Parent Email: _____ Phone _____

ALL HOUSEHOLD MEMBERS: Please be sure to fill out each box to the right of each household member.

Names of ALL household members <i>PRINT Clearly: First and Last Names</i>	Check box if student enrolled at Sycamore	Child's Current Grade	Check box if foster child (legal responsibility of court)	Check box 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"/>
	<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"/>

TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)

(List all income only once and on the same line as the person who receives it. Check the box for how often it was received.)

List Per Person	Work Earnings	Frequency of Paycheck				Earnings from Assistance programs	Frequency of Payment				Earnings from benefits	Frequency of Payment				Any Other Earnings	Frequency of Payment			
		Weekly	Every 2 weeks	Twice a month	Monthly		weekly	every 2 weeks	twice a month	monthly		Weekly	Every 2 weeks	Twice a month	Monthly		Weekly	Every 2 weeks	Twice a month	Monthly
<i>List only those family members with income</i>	Gross Earnings (before deductions)					Such as: Welfare, child support, alimony					Such as: Pensions, retirement, SS, SSI, VA benefits					*Not a Total				
	\$	<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"/>
	\$	<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"/>

SIGNATURE (ADULT MUST SIGN)

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 tuition waiver. Incomplete applications may result in a delay of processing.

Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY BELOW:

Eligibility Determination:

Total Income: \$ _____ Per: Week (x52) Every 2 Weeks (x26) Twice A Month (x24) Month (x12) Year

Household size: _____

Eligibility: Waived Tuition _____ 50% Reduced Tuition _____ Denied _____

Determining Official's Signature: _____ Date: _____

If you have questions or concerns regarding the determination of eligibility, please contact the District Treasurer, Beth Weber, at 513-686-1700. This institution is an equal opportunity provider.