

**MERRILL WEST HIGH SCHOOL
Athletic Transportation Waiver Application**

Complete and return with Current Tax Return to:

Merrill West High School Bookkeeper's Office
1775 W. Lowell Ave.
Tracy, CA 95376
Ph. (209) 830-3370 ext. 3027 Fx. (209) 830-3373

<u>FOR DISTRICT USE ONLY</u>	
Household Size _____	Monthly Income _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Determining Official _____	Date _____

CHILDREN IN HOUSEHOLD

**ALL children in the household must be listed (including children not in school).
College aged children must be enrolled full time or they need to be listed as an Adult.**

	Last Name, First Name	Age	School	Sport(s) Played at School
1				
2				
3				
4				
5				
6				
7				
8				

HOUSEHOLD MEMBERS AND MONTHLY INCOME – Adult Information

List ALL adult household members and indicate the amount and source of MONTHLY INCOME each household member received last month. (Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, and utility bills.)

	Last Name, First Name	Gross Earnings (Before Taxes)	Unemployment, Pensions, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Other Income	TOTAL MONTHLY INCOME
1						
2						
3						
4						
5						
6						
7						
8						

ALL MUST READ AND COMPLETE THIS SECTION

California Education Code Section 39807.5 Payment of transportation cost; amount of payment: The governing board shall exempt from these charges pupils and parents and guardians who are indigent or handicapped as set forth in rules and regulations adopted by the board. Children participating in the free transportation program will not be overtly identified by the use of special tokens, special tickets, special identification, or any other means.

Privacy Act Statement: Unless your child's food stamp, Calworks, or FDPIR case number is provided you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss of benefits, administrative claims or legal actions if incorrect information is reported.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of free/reduced cost transportation services; that school officials may verify the information on the application and the misrepresentation of the information may subject me to prosecution under application State and Federal laws.

Signature of Adult Household Member Completing This Form Social Security Number Household Size (Include Self) Date

Print First and Last Name Home Phone Number Cell Phone Number