

**DELAWARE CITY SCHOOLS
BEFORE AND AFTER SCHOOL PROGRAMS**

TUITION DISCOUNT APPLICATION

Please complete this application and provide copies of three recent pay stubs (or other official verification of income).

Return application to:

**School Age Child Care Office, Delaware City Schools
621 Pennsylvania Avenue
Delaware, Ohio 43015**

PLEASE PRINT

Parent or Guardian Name _____

Address _____

Home phone _____ Cell Phone _____ Work Phone _____

Occupation _____

Employer _____

Please list all children enrolled in SACC, 21st Century Learning Center, KICC or the Dempsey After School Activities Program.

NAME	AGE	SCHOOL

Does your child receive free or reduced lunches at school?

YES NO

Are you (or any member of your family) receiving any service provided by the Delaware County Department of Job and Family Services?

YES NO

Please complete the back of this form

Please list all people that live in your household, including the school age children listed on the first page.

Please include gross monthly income from all sources for all members of the household that this applies to.

NAME	AGE	Earnings from all employment (before taxes) for <u>one month</u>	Monthly amount from Social Security, Pensions or retirements	Monthly amount from Unemployment, Work. Comp. or Strike Pay	Monthly Amount from Welfare, Child Support or Alimony	Monthly Income from any other source
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Any other information that you would like us to know?

I understand that:

- This information is being given for the receipt of a reduced tuition charge for a Delaware City Schools Before/After School and/or Summer Program.
- The Delaware City Schools may request qualifying students to apply for the Free/Reduced Lunch Program for meal reimbursements .
- The Delaware City Schools may request application to the Delaware County Department of Job and Family Services Child Day Care Assistance Program and that no discounts will be offered unless I am denied assistance through this program.
- The Delaware City Schools reserves the right to regularly request updated information that may effect qualification for tuition discounts.

I verify that all of the above information is true and correct and that all income is reported.

Parent/Legal Guardian Signature _____ **Date** _____

Office Use Only

Total/Household: _____ Total Gross Monthly: \$ _____ Income Verification: _____

Application Approved <input type="checkbox"/> Discount % _____ Effective Dates: _____	Application Denied <input type="checkbox"/> Reason: _____ _____	Referral to DJFS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Reviewer Signature _____	Date _____
Administrator Signature _____	Date _____