



WESTPORT COMMUNITY SCHOOLS

School Business Administrator

17 Main Road • Westport, MA 02790-4202

Telephone (774) 309-3371 • Fax (508) 636-1449 • Email mrapoza@westportschools.org

Transportation Fee Waiver Request Form

If you cannot afford to purchase bus passes, please complete this waiver request form and return the completed form with a copy of **your 2021 Federal Income Tax Return**. We will process your request as quickly as possible but, if you do not provide a copy of your income tax return, showing proof of income, we cannot process your waiver request. Incomplete applications will be returned. Please remember that, until your waiver request is processed, you are responsible for transporting your child to and from school. **You must submit your waiver fee request by Friday, August 5, 2022.** If you purchase a bus pass and then later decide to request a waiver, we cannot refund your payment.

Student Name _____

Student Home Address _____

Grade _____

Parent/Guardian Name _____

Parent/Guardian Daytime Telephone Number _____

My child **WILL** use bus transportation, but I cannot afford to pay for transportation; I have enclosed the completed Transportation Fee Waiver Request Form and a copy of my 2021 Federal Income Tax Return **OR I have attached my 2022-2023 School Lunch Application.**

Please list below the names and gross monthly incomes of all household members.

Name	Gross Monthly Income
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I certify that this information is correct and that all income is reported. I have attached a copy of my 2021 Federal Income Tax Return. I understand that the school district cannot process this request if I do not provide a copy of my income tax return and that I am responsible for transporting my child to and from school until this request is processed. **I understand that this fee waiver request must be submitted by Friday, August 5, 2022** and, if I purchase a bus pass and then later decide to request a waiver, the school district cannot refund my payment.

Parent/Guardian Signature _____

Date _____

(Please see other side additional information)

This institution is an equal opportunity provider.