

ASHLAND PUBLIC SCHOOLS
WAIVER REQUEST FORM FOR
SCHOOL BUS TRANSPORTATION FEE

If your household is currently Direct Certified by the Commonwealth of Massachusetts, please complete the waiver form and indicate your status. Please send the completed form to: transportation@ashland.k12.ma.us so we can verify your eligibility.

To qualify for a Waiver of Transportation Fees, you need to be receiving SNAP Benefits and/or TAFDC assistance from the Commonwealth of Massachusetts.

To apply for these benefits, please go online to MASS.GOV/DTA and select the benefits you want to apply for and follow the online instructions.

Once you have been approved by the Commonwealth of Massachusetts, please mail or scan a copy of your award letter along with your waiver request to: transportation@ashland.k12.ma.us.

Please return the completed form no later than June 1, 2026.

Parent/ Guardian NAME:	
ADDRESS	
PHONE/CELL	

LIST ALL CHILDREN LIVING AT HOME ADDRESS

FIRST NAME	LAST NAME	AGE	GRADE	SCHOOL	FOOD STAMP / TANF CASE # (if any)

An adult household member must sign the application. The adult signing the form must also list his or her Social Security Number or mark the “I do not have a Social Security Number” box.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school may get State funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose bus transportation, and I may be prosecuted.

Sign here: _____
Date: _____

Print name: _____

Mail this form to: Tamara Saviatto, Transportation Department, Ashland Public Schools, 87 West Union Street, Ashland, MA 01721.

FOR OFFICE USE ONLY:

Request Approved: Date: _____ Request Denied: Date: _____ Reason: _____