



Application for Partial or Full Waiver of Summer School Tuition

Regional Summer School Program
Rockville, Maryland 20850

INSTRUCTIONS: Attach this form and a copy of the appropriate verification documents to each Summer School Registration form submitted.

Student MCPS I.D. number _____

Student's name _____
Last *First* *MI*

The attached verification documents (see below) confirm that my total household income is \$ _____. I qualify for (check appropriate box below):

For Each General Summer School Course	
If your income is:	You pay:
Public assistance (Independence Card or AFDC)	\$80 <input type="checkbox"/>
\$0-\$26,884	\$80 <input type="checkbox"/>
\$26,885-\$38,258	\$115 <input type="checkbox"/>
Over \$38,258	FULL TUITION
For ESOL, Middle School Extended Year Program, Focus on Algebra, Project Discovery and RICA	
If your income is:	You pay:
Public assistance (Independence Card or AFDC)	\$0 <input type="checkbox"/>
\$0-\$38,258	\$0 <input type="checkbox"/>
Over \$38,258	FULL TUITION

Please check and attach ONE of the following:

- All W-2 forms for tax year 2006
- The FIRST PAGE of the family's tax return.
- A copy of your Independence Card or award letter if you are receiving Public Assistance or AFDC
- A notarized statement of income from self-employment or other sources of income.

I certify that all of the above information is true and I have attached the required verification document. I understand that school officials may verify the information on this application.

_____/____/____
Signature, Parent/Guardian *Date*