

ASHLAND PUBLIC SCHOOLS
WAIVER REQUEST FORM FOR
Ashland Preschool Financial Assistance

[Spanish](#)

[Portuguese](#)

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: dpederson@ashland.k12.ma.us so we can verify your eligibility.

To qualify for a Free/Reduced Tuition at Ashland Preschool, you will 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](https://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: dpederson@ashland.k12.ma.us.

Please return completed form no later than July 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: _____
Social Security Number: _____

Print name: _____
Date: _____

Mail this form to: Donna Lowell, Ashland Preschool, Ashland Public Schools, 75 Central Street, Ashland, MA 01721.

FOR OFFICE USE ONLY:

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