2022-23

DC West Community Schools
Early Childhood Reduced Tuition Application
For Families living in the DC West School District Only

Child's Name		**Date of Birth**	
Parent/Guardian		**Phone**	**Home:** **Cell:**
Address		**Email**	

Preschool tuition will be established based on documented family income.
The reduced tuition guidelines are outlined below. Figures are based on annual gross income.
Income verification is required at the time of application (e.g. tax return, W-2, pay stubs).

If your income falls at or below the following guidelines, you may qualify for reduced tuition.

Number of people in Household	2	3	4	5	6	7	8
Annual Household Income	$33,874	$42,606	$51,338	$60,070	$68,802	$77,534	$86,266

☐ **I acknowledge receipt of this application and decline to submit a request for reduced tuition. I realize my monthly tuition will be $165.**

☐ **My child receives special education services and no application is necessary.**

If either of these boxes are checked, please sign and date at the bottom and turn in to the office.

Family Unit (People Residing in Home)	
NAME	**DATE OF BIRTH**

Household Income			
Name	**Amount**	**Frequency (Circle one)**	**Employer**
You	$	Weekly Monthly Yearly	
	$	Weekly Monthly Yearly	
Spouse	$	Weekly Monthly Yearly	
	$	Weekly Monthly Yearly	
Total	$		

Income verification MUST be provided with this application in order to be considered for Reduced Tuition.

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information and/or omissions may disqualify me from further consideration for the DC West Early Childhood sliding scale fee/tuition reduction program. I further agree to inform the DC West Community Schools if there is a significant change in my income. I hereby acknowledge that I read the foregoing disclosure and understand it.

Parent/Guardian Signature **Date**

DC West Early Childhood Center 400 S Center St PO Box 378 Valley NE 68064
For questions, contact Sabina Safford at 402-359-2583