HINGHAM HIGH SCHOOL ATHLETIC DEPARTMENT (781) 741-1560 Ext 2161 17 Union Street, Hingham, MA 02043 **School Year 2025-2026**

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D Meal Application Form

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ **NO** → Go to STEP 3.

○ **YES** → Write agency ID number here and proceed to STEP 4.

AGENCY ID NUMBER (NOT EBT NUMBER):
SNAP award letter may be requested

Write only one agency ID number in this space

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
Total Household Members (Children and Adults)																

B. Child Income
Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐ Check if no Social Security Number ☐

$ ____ How often received? Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual ○

Please see application's back for list of income sources.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL, ATTENTION ATHLETIC DEPT.: 17 Union Street, Hingham, MA 02043

Check here if you have extenuating circumstances that would affect your eligibility. Please attach an explanation. ☐

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	• A child has a regular full or part-time job where they earn a salary or wages
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for of-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
			• A friend or extended family member regularly gives a child spending money
			• A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this form to your child's school, attention: Athletic Department.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Return completed form to your child's school, Athletic Dept. FAX: (781) 741-1515 or EMAIL: mholler@hinghamschools.org.

HINGHAM PUBLIC SCHOOLS
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Reduced / Waived Athletic Fee Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether or not your children receive reduced or waived athletic fees.

- ❑ Yes! I **DO** want school officials to share information from my Reduced / Waived Athletic Fee Application with **Hingham Public Schools Transportation Department.**
- ❑ Yes! I **DO** want school officials to share information from my Reduced / Waived Athletic Fee Application with **Hingham Public Schools Activity Fees.**
- ❑ Yes! I **DO** want school officials to share information from my Reduced / Waived Athletic Fee Application with **Hingham Public Schools Guidance Department for SAT and other fee waivers.**
- ❑ Yes! I **DO** want school officials to share information from my Reduced / Waived Athletic Fee Application with **Hingham Public Schools Free and Reduced Price School Meals.**
- ❑ NO! I **DO NOT** want information from my Reduced / Waived Athletic Fee Application shared with any other programs.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. **Your information will be shared only with Fee Involved Program(s) if the information is requested by the program.**

Child's Name_____School:_____

Child's Name_____School:_____

Child's Name_____School:_____

Child's Name_____ School:_____

Signature of Parent/Guardian:_____Date: _____

Printed Name: _____

Address: _____

For more information, you may email **Heather Chipley-McCall**: hchipleymcccall@hinghamschools.org

Return this form with your Athletic Waiver Application to Hingham High School, 17 Union Street, Hingham, MA 02043, Attn: Maryellen Holler