Arlington Public Schools

Office of Early Childhood Income Verification: Community Peer Program (CPP)

School Year 2026-2027

The Office of Early Childhood Income Verification form is used to calculate tuition/fees paid by families who enroll their child in the Community Peer Program (CPP). Tuition is calculated using this formula:
CPP Tuition= (Family's total income x .05) ÷ # of children you have enrolled in fee collecting full-time childcare or Pre-k program

Please print clearly or type all information.

1. Student's Last Name _____First Name: _____Student ID (if registered): _____
2. Home Address: _____
3. Parent/Guardian Name: _____
   Parent/Guardian Name: _____

If you would prefer not to provide proof of income, your child's annual tuition will be $12,500.

☐ Check this box to document that you will not be providing proof of income and you agree to pay $12,500 for CPP tuition.

If you did not check the box above, please complete the chart(s) below that corresponds to the proof of income you are providing (tax form OR paystub/letter of employment). Please note, if parents are divorced, both parents must be included in the household income totals unless one has sole custody and the other parent does not include the child as a dependent on their tax return.

Tax Form (1040)

Annual adjusted gross income from Federal Tax Return (Line 11)	

*Please attach a copy of your 2025 federal tax return to this form. If your taxes are self-prepared, please include corresponding W-2 for each parent/guardian.

OR

Paystubs/Letter of employment

Pay stubs (calculate for 12 months)	
Plus child support or alimony received (calculate for 12 months)	+
Minus child support or alimony paid (calculate for 12 months)	-
Plus any additional income (pensions, social security, housing allowance, stipends, other income, etc.) (calculate for 12 months)	+
Total annual household income	=

*Please attach copies of your three most recent pay stubs or your letter of employment to this form.

Do you have any **additional children** enrolled in a full-time fee-based childcare or PreK Program? If so, please list their names, ages, and the programs they are currently enrolled in. Please attach an invoice/statement from the childcare provider for each child listed below.

Child's first and last name	**Child's age**	**Childcare or PreK Program Name**

I certify that all information of this form is true and correct to the best of my knowledge. I understand that if false information is willingly or knowingly supplied by myself or others, the student's application will be invalid.
Parent or legal guardian name: _____ Signature: _____ Date: _____

Received by: _____ *Date:* _____