



Office of Early Childhood Income Verification: Primary Montessori
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 Primary Montessori Program. Tuition/fees are on a sliding scale based on the family's adjusted gross income. Fees are established by the School Board and published July 1 for the following school year.

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 your household income is \$200,001 or above, you do not need to complete the charts below or provide proof of income. Please check the box below and sign the bottom of the form.

My total annual household income is \$200,001 or above. I agree to pay the full tuition fee based on the July 1, 2026 School Board decision.

If your household income is below \$200,001, 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

Part 1:

| | |
|--|---|
| 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 | = |

Part 2:

| | |
|---|------------------------|
| Total annual household income (from part 1) | |
| Deduct \$2,000 for each child in the family (including applicant) | - (<u> </u> x 2,000) |
| Adjusted Gross Income | = |

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

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: _____