



Watertown Public Schools

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Ms. Lisa Gibbons
Acting Director of Finance & Operations

Dr. Deanne Galdston
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Ms. Amanda Owens
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*Assistant Superintendent
Teaching, Learning, and Assessment*

Dr. Ceronne Daly
*Director of Diversity, Equity,
Inclusion, and Belonging*

School Year 2023 – 2024 Financial Assistance Form – Option 1

Dear Parent(s)/Guardian(s);

This is an annual Family/Household application for multiple program assistance. This single application procedure covers most school fees in the full school year with the exception of optional field trips. This form does not sign your child up for programs. No employee, coach, faculty or staff member has the authority to waive any fees or charges without the income determination letter provided by the Finance Office. There are two options for providing the school district with this information.

Option 1:

The MA Department of Elementary and Secondary Education (DESE) Community Eligibility Program (CEP) is able to provide our school district with family eligibility for financial assistance for all students in grades PreK – 12 using available State data. In order for the school district to verify your eligibility using this system, you simply need to provide us with permission to use this data to make decisions about the waiver or reduction of fees for your family for school-based programs. This data is only available internally with the Watertown Public Schools and will only be shared with the person determining the need for a fee waiver or reduction.

Kindly Complete and Return (Email) the Form on the Next Page

Please sign this 2023 – 2024 Option One Fee Waiver/Reduction Form and email it back to Lisa Gibbons, Director of Finance and Operations at lisa.gibbons@watertown.k12.ma.us.

Permission to Review MA DESE State Financial Community Eligibility Program (CEP) Data:

I, _____ (Print Name)
as the _____ (Parent/Guardian) of the following students (Please List)

_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)
_____	(Name)	_____	(Grade)	_____	(School)

give permission to the Watertown Publics School to review MA DESE State Financial Community Eligibility Program (CEP) Data for making a determination about fee waivers/reductions for student activities for our family for the 2023-2024 School Year.

_____(Signature) _____(Date)