



# Community High School District 155

## 2020-21 Fee Waiver Application

**This application cannot be processed until all required income verification documentation is included.**

Cary-Grove    Crystal Lake Central    Crystal Lake South    Haber Oaks    Prairie Ridge

Community High School District 155 accepts fee waiver applications from parents/guardians who, due to financial hardship, do not feel that they can afford to pay their child(ren)'s registration fees pursuant to the Illinois Statutes, ch. 122, para.10-20.13 (**note:** fee waiver does not apply to yearbooks, activity tickets, or Booster items). This application is independent from District 155's process for determining a student's eligibility for free or reduced price meals through the National School Lunch Program (NSLP). The NSLP's federal income guidelines are included within this application.

Please complete this application and return it, along with the required income verification documentation, to the Student Services Office at your home high school. Please submit only one application per family.

Please print in all fields and respond to the statements.

Student(s) Name \_\_\_\_\_

Name of Parent/Guardian completing this application \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

- The student named above lives in my household.   YES   NO
- Total number of people living in my household: \_\_\_\_\_
- Total gross annual income from all people living in my household (before deductions): \$ \_\_\_\_\_

Income includes all:

- |   |                                    |
|---|------------------------------------|
| *Compensation for services, wages, salary, commissions or fees  | *Net income from self-employment   |
| *Dividends or interest on savings or bonds, or income from estates or trusts  | *Social Security                   |
| *Unemployment compensation  | *Net rental income                 |
| *Public assistance or welfare payments  | *Private pensions or annuities     |
| *Regular contributions from persons not living in the household   | *Alimony or child support payments |
| *Government civilian employee or military retirement or pensions, or veterans payments  | *Net royalties                     |
| *Other cash income (amounts received/withdrawn from any source, including savings, investments, trust accounts and other resources) |                                    |

- My household meets the federal income guidelines for free/reduced meals.   YES   NO

If you answered "NO" to statements 1 or 4, please detail why you are applying for a fee waiver:

\_\_\_\_\_  
\_\_\_\_\_

### Fee Waiver Income Verification

**To verify your household income, you must present documentation from on of the following categories with your application:**

- |  |  |
|--|--|
| *Two <b>current</b> pay stubs for all working members of the household | *Disability statement showing benefits |
| *Unemployment statement showing benefits                               | *Current tax returns                   |
| *Direct Certification letter from the State of Illinois                | *Foster placement papers               |
| *Temporary Assistance for Needy Families (TANF) documentation          | *Food stamp evidence                   |

Applicants may be requested to provide updated income verification documentation at any time, but not more than once every 60 calendar days. Supplying false information to obtain a fee waiver is a class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Office:**

Approved                       Not Approved – Reason \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Federal Income Eligibility Guidelines (Effective from July 1, 2020 to June 30, 2021)**

Household Size	Reduced-Price Meals (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,864	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	8,288	691	346	319	160