



FULL DAY KINDERGARTEN FEE WAIVER 2022-23

*** PLEASE LIST ONLY THE NAMES OF CHILDREN REGISTERING FOR FULL DAY KINDERGARTEN – 1 FORM PER FAMILY ***

<u>Student's First Name</u>	<u>Student's Last Name</u>	<u>Grade</u>	<u>School</u>

Name of Parent/Guardian _____ Telephone _____
 Address _____

I, the undersigned parent/guardian of the student(s) named above, hereby request that the Glenview School District 34 School Board waive Full Day Kindergarten fees for the 2022-2023 school year. I understand that this fee waiver does not apply to any outstanding fee balances for prior years and also does not apply to siblings.

If a student qualifies for any of the following, he or she is automatically eligible for the FDK fee waiver:

- SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)
 Please provide Case Number and attach a copy of SNAP/ TANF ID card: _____
- Foster child
- Medicaid

IF NONE OF THE ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING SECTION:

Please list names of all wage earners in the household and the **gross** income they receive (before deductions), and how often it is received, or check box if no income for that person (if more space is needed, please attach additional sheets of paper):

1. Names (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Ex: \$100/month; \$100/twice a month; \$100/every other week; \$100/week)				3. Check if NO Income
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Workers' Comp, Unemployment, SSI, Etc. (All Other Income)	
A.					<input type="checkbox"/>
B.					<input type="checkbox"/>
C.					<input type="checkbox"/>
D.					<input type="checkbox"/>
E.					<input type="checkbox"/>
F.					<input type="checkbox"/>

