



2022-2023 Waiver of School Fees Application

Applying and qualifying for free/reduced meals based on completion of the National School Lunch Program application **does not** automatically qualify a student for free/reduced fees.

You automatically qualify for a waiver of school fees and do not need to complete this form if you:

- Received a letter from District 205 informing you are eligible pursuant to 1051LCS 125/1. The school district receives notification from the Illinois State Board of Education via an electronic direct certification system in July and mailed out letters to all students who qualified.

If you do not automatically qualify you may apply for a waiver if:

- 1. Your income qualifies.** Rockford Public School District will waive school fees if a parent or guardian meets the current school year income guidelines published annually by the U.S. Department of Agriculture. **See attached income guidelines.** Incomes above the amounts shown will not qualify for a fee waiver.
- 2. You have special circumstances.** The School District may grant a fee waiver when one or more of the following factors resulted in the loss or reduction of family income (a) illness in the family; (b) unusual expenses caused by fire, flood, storm, etc.; (c) seasonal employment; (d) emergency situation; or one or more parent/guardian is involved in a work stoppage.

The following information must be included with all applications:

- A copy of the 2021 IRS Federal 1040, 1040A, or 1040EZ Form. **If household members file separate tax returns, copies of both returns must be submitted.**
- Names of all household members, including the student(s) and the school(s) they attend.
- If your current income is different than that reflected on IRS Federal 1040, please include current income information for each household member listing sources of income such as wages, child support, pension, unemployment payments, worker's compensation, etc., and the frequency in which received.

A new Fee Waiver Application must be submitted at the beginning of each school year.

After your application has been processed a copy will be mailed to you indicating if you were approved. Please keep this copy for your records.

Only complete applications will be considered

Please complete the information and return the application and supporting documents to the following address.

Rockford Public School District #205
Attn: Financial Services-Fee Waiver
501 Seventh Street
Rockford, IL 61104

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Name of all children in the household	Name of school, if the child is a student in District #205
1.	
2.	
3.	
4.	
5.	

Please list all adult members in the household	
1.	4.
2.	5.
3.	6.

I, _____, being the parent or the legal guardian of the student(s) listed above, hereby request Rockford Public School District #205 waive school fees

I am unable to afford the fees due to the following reason(s): _____

The following proof of income is required for all adult household members

A copy of your 2021 IRS 1040 Form, 1040A, or Form 1040EZ. If you did not file a tax return for 2021 please attach all W-2s, last month's paycheck stubs, unemployment, or other proof of income for all adults living in the household. **If household members file separate tax returns, copies of both returns must be submitted.**

If your current income is different than that reflected on the 1040 form, please include income information for each adult household member listing sources of all income such as wages, child support, pension, worker's compensation, unemployment, and frequency in which the income is received.

Please make sure all information is included. Only complete applications will be reviewed

Certification:

I certify that all information contained on this application is true and correct and that all household income has been reported. I understand that school officials may verify all of the information contained on this application and all information submitted with this application. I have reviewed the District's policy regarding Waiver of Student Fees and am aware that supplying false information to obtain a fee waiver is a Class 4 felony pursuant to 720 ILCS 5/17-6.

_____/_____
Signature of Parent or Guardian Date Daytime phone number

A copy of this form will be mailed to you after your application has been processed.

Please keep this copy for your records.

Please allow up to 10 days for processing. If you do not receive a mailed response in 14 days, please call the Business Office to inquire.

Please Print your name and address legibly as it will be used as your mailing label on your correspondence

Name of Parent or Guardian

Street Address

City, State, Zip

Your application has been processed and your request to have fees waived is:

- Approved: 100% 050%
 Denied: Income exceeds the eligibility
 Incomplete - need the following information:

Date Processed _____ by _____

**Income Eligibility Guidelines Effective
from July 1, 2022 to June 30, 2023**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	8,732	728	364	336	168