

Hinsdale High School District 86 Educational Fee Waiver Application

	Student First Name	Student Last Name	Student ID #
1.			
2.			
3.			
4.			

Parent/Guardian Contact Information *(please print)*

Parent/Legal Guardian Name	Primary Phone
Street Address	Cell or Other Phone
City/Zip	Work Phone

**I hereby request that District 86 Board of Education waive educational fees for the above named student(s).
Check one of the following that applies to your family.**

- I will provide evidence of receiving **TANF** – Temporary Assistance for Needy Families including the case number (Ex: xx-xxx-xx-xxxxxx) and/or eligibility of receiving SNAP – Supplemental Nutrition Assistance Program benefits. Medical card alone is no longer accepted as proof.
- The above-named student is from a household whose gross income before deductions is at or below the current **USDA income guidelines** (see back of form). ***If yes, complete section below and provide evidence of all household income*** (Ex: Most recent pay stub (wages, salary, commissions), earnings from Public Assistance/Welfare, Unemployment, Child Support, Alimony, Pensions, Annuities, Social Security, Worker’s Compensation, SSI, Income Tax Statement, and/or any other type of earned income.

# Family Members Living at Home	Gross Income (Before Deductions)	<input checked="" type="checkbox"/> How Often Income is Earned				
		Weekly	Bi-Weekly	Monthly	Bi-Monthly	Annually
1.						
2.						
3.						
4.						
Total Household Income	\$					

While neither statement above is true, I am unable to afford school fees for the following reason(s).

I acknowledge that I am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony (IL Rev. Stat. Ch. 38, paragraph 17-6). Thereby, I attest that the statements made above are true and correct.

Signature of Applicant (Parent/Legal Guardian) **Date**

SCHOOL USE ONLY		
<input type="checkbox"/> LW – Free Meals/Books Fees	<input type="checkbox"/> FW – Free Books & Fees Only	<input type="checkbox"/> Application Denied
		<input type="checkbox"/> eSchool <input type="checkbox"/> Books <input type="checkbox"/> Cashier
Principal or Designee Initials	Date	Recorded

