

Application for Fee Waiver 2024-2025

Student's Name *(please print)*

School

Parent/Guardian Name *(please print)*

Address *(please print)*

1. The student named above lives in my household? Yes No
2. Total number of people living in my home _____
Number of adults: _____
Number of minors: _____
3. Total gross annual household income (before deductions) from all people living in my home
\$ _____

The above number must include all:

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Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).

4. My household meets the federal income guidelines for free meals (attached)?
 Yes No N/A

See <https://www.isbe.net/Pages/School-Nutrition-Programs.aspx>.

If you answered "No" to any of the previous questions, please indicate the reason(s) you are applying for a waiver of school fees.

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5. Have you or anybody in your household experienced any of the following?

Illness in the family _____

Unusual expenses such as fire, flood, storm damages, etc, _____

Unemployment _____

Emergency situations _____

When one or more of the parents/guardians are involved in a work stoppage _____

If you answered yes to any of the above, please explain:

Income Verification for Fee Waiver

You must present documents to verify income. Such documents may include, but are not limited to:

- | | |
|--|------------------------------|
| Two pay stubs for each working member of household | Disability benefit statement |
| Unemployment statement showing benefits | Current tax returns |
| Medicaid Card showing case number | Foster placement papers |
| Direct Certification letter from the State of Illinois | Food Stamp Evidence |
| Temporary Food assistance for needy families | |

You may be requested to provide updated income verification at any time, but no more often 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/Guardian (*signature*)

Date