



2025-26 FEE WAIVER

This form is for families who are requesting a waiver of school fees for the 2025-26 school year. The fees that will be waived for those who are approved cover required registration fees. It does not apply to any outstanding fee balances for prior years or to any outstanding lunch balance, lost item/replacement fees, activity fees or bus fee. See glenview34.org/fees for a list of fees.

This fee waiver is separate from the National School Lunch free/reduced lunch application.

Families only need to complete one form per Family. List all students who attend D34 schools.

Student First Name	Student Last Name	Grade	School

Name of Parent/Guardian: _____ Phone: _____

Email: _____

Address: _____

If a student receives SNAP/TANF benefits or is a foster child, they are automatically eligible for the fee waiver. Please check if either of the following applies:

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

If a student does not receive SNAP/TANF and/or is not a foster child, complete the information on the following page. 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, attach additional sheets of paper.

Names of ALL Household Members	Gross Income & How Often Received (Ex: \$100/month; \$100/twice a month; \$100/every other week; \$100/week)				Check if NO Income
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Workers' Comp, Unemployment, All Other Income	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copies of proof of EACH income amount listed above MUST be attached to this application in order to be considered for fee waiver eligibility.

Acceptable documentation includes:

- **Jobs:** (2) Current paycheck stubs or pay envelope that shows the gross amount of pay (before deductions) and how often the pay is received; OR federal tax returns (Form 1040) tax year 2024.
- **Social Security, Pensions, or Retirement:** Social security retirement benefit letter, statement of benefits received, or pension award notice.
- **Unemployment, Disability, or Worker's Compensation:** Notice of eligibility from State employment security office, check stub, or letter from Workers' Compensation.
- **Welfare Payments:** Benefit letter from welfare agency.
- **Child Support or Alimony:** Court decree, agreement, or copies of checks received.
- **Other Income** (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.
- **No Household Income:** A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
- **Military Housing Privatization Initiative:** Letter or rental contract showing your housing is part of the Military Housing Privatization Initiative.
- **Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time you applied for fee waiver. If you do not have this information, you may submit papers from up to one month prior to the date of this application.

I attest that the statements made herein are true and correct. I hereby request that the Glenview School District 34 School Board waive school fees for the 2025-2026 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 any outstanding lunch balance, lost item/ replacement fees, activity fees, or bus fee.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

RETURN THIS APPLICATION FORM WITH SUPPORTING DOCUMENTATION

1. EMAIL (Residency@glenview34.org)
2. MAIL (Enrollment Specialist, Glenview SD34, 1401 Greenwood Rd, Glenview, IL 60026)
3. IN PERSON BY APPOINTMENT. To schedule an appointment, call (847) 998-5005

You will receive an email notification for the waiver determination within 7- 10 business days.

Following is to be completed by school office only:

Total Number in Household: _____

Total Gross Income: _____ **Per (circle one):** Week Every 2 Weeks Twice a Month Month Year

Income Amount(s) Verified: ___ Yes ___ No

Valid SNAP/TANF Case Number Verified: ___ Yes ___ No

Approved for: ___ Fee Waiver ___ Reduced Fees ___ Not eligible for Fee Waiver or Reduced Fees

Signature: _____ **Date:** _____

Authorized District Personnel