Hinsdale High School District 86 Waiver Application

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

Parent/Guardian Contact Information *(please print)*

Parent/Legal Guardian Name	**Email**
Street Address	**Primary Phone or Cell**
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** – **T**emporary **A**ssistance for **N**eedy **F**amilies including the case number (Ex: xx-xxx-xx-xxxxxx) and/or eligibility of receiving **SNAP** – Supplemental Nutrition Assistance Program benefits. A **Medical card alone is no longer accepted as proof. SNAP # -**

☐ 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: 2 most recent pay stubs (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 With Income	Gross Income (Before Deductions)		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		
[ ] Meal and Fee Waiver Approved	[ ] Application Denied	Reason Denied:
Approved by:	Date:	Infinite Campus

FISCAL YEAR 2026 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2025, through June 30, 2026:

Income Eligibility Guidelines Effective from July 1, 2025, to June 30, 2026											
	Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	4	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	392	196

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Aplicación para renuncio de cargos de Hinsdale High School District 86

	Nombre de estudiante	Apellido de estudiante	ID de estudiante
1.			
2.			
3.			
4.			

Información de contacto de Padre/ Guardian *(por favor de imprimir)*

Nombre completo de padre/guardián	**Correo electrónico**
Dirección de hogar	**Teléfono de hogar o celular**
Cuidad y código postal	**Teléfono de trabajo**

Por la presente solicito que la Junta de Educación del Distrito 86 renuncie a las tarifas educativas para los estudiantes mencionados anteriormente.
Marque una de las opciones que aplique a su familia.

☐ Yo presentare comprobante de haber recibido **TANF**-Asistencia Temporal para Familias Necesitadas, incluyendo el número de caso (Ej. xx-xxx-xx-xxxxxx) y/o elegibilidad del beneficio **SNAP**-programa de asistencia nutricional suplementaria. **Una tarjeta medica ya no es suficiente comprobante**. **SNAP #-**_____

☐ El/Los estudiante(s) mencionado(s) anteriormente proviene(n) de un hogar de ingresos bajos antes de deducciones es igual o bajo de los ingresos en el **guía del USDA**. **Si este es el caso, llene la sección que sigue y proporcione evidencia de todos ingresos del hogar** (Ej.: (2) tallones de cheques más recientes (sueldos, salario, comisiones), ganancias de Servicios Públicos Asistencia/Bienestar, Desempleo, Manutención Infantil, Pensión Alimenticia, Pensiones, Anualidades, Seguro Social, Compensación de Trabajadores, SSI, Declaración de Impuesto sobre la Renta y/o cualquier otro tipo de ingreso del trabajo.

Número de miembros en el hogar con ingresos	**Ganancias (antes de deducciones)**		**¿Que son las frecuencias en que ingresos son obtenidos?**				
			Semanalmente	Quincenal	Mensualmente	Bimensualmente	Anualmente
	1.						
	2.						
	3.						
	4.						
Ingresos del hogar completo	**$**						

☐ Mientras ninguna de las afirmaciones anteriores es cierta, no puedo pagar las cuotas escolares por los siguientes motivos:

Reconozco que soy específicamente consciente de que proporcionar información falsa para obtener una exención de tarifas es un delito de Clase 4. delito grave (IL Rev. Stat. Ch. 38, párrafo 17-6). Por lo tanto, doy fe de que las declaraciones realizadas anteriormente son verdaderas y correctas.

_____ _____
Firma del aplicante (Padre/Guardian) **Fecha**

USO ESCOLAR SOLAMENTE		
[ ] Meal and Fee Waiver Approved	[ ] Application Denied	Reason Denied:
Approved by:	Date:	Infinite Campus