



### Part 3-Signature (Parent/Guardian must sign)

I, the undersigned, parent/guardian of students named above hereby request that the School Board of Antioch CCSD #34 waive all applicable student fees. I certify (promise) that all the information on this application is true and correct and that all household income for each member of the household is reported. I understand that school officials may verify (check the information).

I am aware that supplying false information to obtain a fee waiver is a Class 4 Felony (720 ILCS 5/17-6).

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**Date** \_\_\_\_\_ **Printed Name of Applicant** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

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**Contact Telephone #** \_\_\_\_\_ **Home Address (number, street, city, zip code)** \_\_\_\_\_

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**Applicant Email Address** \_\_\_\_\_

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**Office Use ONLY-** \_\_\_\_\_ **Number in Household** \_\_\_\_\_

**Total Income \$** \_\_\_\_\_ **Per:**  Week  Every 2 weeks  Twice a Month  Month  Year

**Fees Waived based on:**  Food Stamps or Medicaid or  Income or  Foster  Veteran/Military

**Denied based on:**  Income too high or  Missing documents or  other: \_\_\_\_\_

**Parents notified of approval/denial:** \_\_\_\_\_  
**Date**

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\_\_\_\_\_  
**Signature of Determining Official** \_\_\_\_\_ **Date** \_\_\_\_\_ **Approved at:** 100% or 50%

APPLICATIONS CAN BE MAILED OR IN PERSON TO:

ANTIOCH CCSD #34  
ATTN: BUSINESS OFFICE/FEE WAIVERS  
964 SPAFFORD STREET  
ANTIOCH, IL 60002

EMAILED TO: CMASNOVA@ANTIOCH34.COM

If you have any questions about the fee waiver application, please contact Cheryl Masnova in the Business Office at 847-838-8401 or at [MASNOVA@ANTIOCH34.COM](mailto:MASNOVA@ANTIOCH34.COM).

Families requesting a waiver for fees need to submit a completed Application for Fee Waiver **and** the required documentation for review within 30 days of enrollment to the district. Acceptable Evidence of Verification of Income is included in this document. You will receive a written notification if your waiver request has been denied or approved. Please allow 30 days from the day the waiver is received for processing.

If your household income increases by \$50 or more per month (\$600 per year), your household size decreases, or you are no longer eligible for food stamps, TANF, or SNAP, you are obligated to report this change to the district immediately.

#### Fees that are eligible to be waived:

- Charges for required textbooks, required technology, and required instructional materials.
- Charges for field trips made during school hours, or after school hours if mandatory and/or related to instruction.

If your application is denied, the reason(s) will be stated on your denial letter, and you may appeal the decision. Your request must be in writing and must be received within 30 calendar days. Full payment of instructional fees is expected unless a payment plan is established. If you need to complete a payment plan, please contact your child's school directly.

Refunds: If you have been approved for a fee waiver and you have already paid the current year's school fees, you may request a refund by contacting your child's school directly.

## Acceptable Evidence for Verification of Income

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### **Most Recent Earnings/Wages/Salary:**

- Paycheck Stubs: Weekly (4)/ Bi-weekly (2)/ Twice a month (2)
- Letter from employer on letterhead indicating hourly worker's name, SS#, **Gross** wages and how often get paid.

### **Self-Employment Income:**

- Self-employment-income tax verification, business ledger
- Self-issued paycheck stub on pre-printed checks
- Copy of incorporation papers listing officers and/or principal stockholder
- Copy of quarterly payments to IRS

### **Social Security/Pension/Retirement:**

- Social security benefit letter
- Statement of benefits received
- Pension award notice
- Disability award letter or check stub

### **Unemployment Compensation:**

- Notice of eligibility from State Unemployment Office

### **Welfare Payments:**

- Government aid benefit letter
- Statement of purpose of benefit

### **Child Support/Alimony:**

- Child support pay stubs
- Court decree
- State Disbursement Website print out/ Canceled checks from spouse

**Other Income:** If you have other forms of income, please provide information or documents which show the amount of income received, how often received, and the date it is received.

- Canceled checks for outside financial aid
- Notarized letter from person giving monthly aid

### **Military/Veteran:**

- Military ID Card (active duty, National Guard, Reserves, IRR, or retiree) or
- Veterans Designation on Driver's License or State Veterans ID Card (almost all states now offer this) or
- Veterans Group Membership Card (VFW, American Legion, DAV, etc.) **and**
- **Income payments for past 30 days and most current IRS 1040.**

**If no Income: please provide a letter explaining how you provide for food, clothing, and housing for your household.**