Minooka CCSD 201
Application for Fee Waiver for the 2025-2026 School Year

Student Information (must be completed – one application for all family members):

If your child(ren) have been DIRECTLY CERTIFIED through the National School Lunch Program **for the current school year**, YOU DO NOT NEED TO FILL OUT THIS FORM. Student fees will be automatically waived in accordance to the current proration procedure.	
Foster Child? Yes or No If yes, please provide **current** placement documents from agency and sign this application. There is no need to send additional documentation.	
Name and School ID# of Student:	
Name and School ID# of Student:	
Name and School ID# of Student:	
Name of Parent / Legal Guardian: (please print):	
Address:	
Cell or Home Phone #:	
email:	

Household Income Information (must be completed and attachments must be included with application):

SEE ATTACHED SHEET FOR DEFINITION OF INCOME & INCOME GUIDELINES

List everyone in household	**(Column A)** How much do you get paid? And how often do you get paid?	**(Column B)** Disability, welfare, social security, etc.	**(Column C)** Child support, Alimony, etc.	**(Column D)** Other (please specify)	Check if NO INCOME – Indicate if minor
Example: *Jane Doe*	*$1,000/twice per month*	*$300/monthly*	*$250/monthly*	*SNAP/TANF*	

Total **Monthly** Income (Columns A+B+C+D) = **$** _____ Total # of people in household = _____
The Following must be attached for each household member receiving income: **1. A copy of the most recent federal tax return (IRS form 1040) for all adults. If no taxes were filed, contact IRS 1-800-829-1040 and request a letter of non-filing.** **2. Attach evidence of all current gross income, including 2 most recent pay stubs. See pages 1 and 2 for more information.**
Special Circumstances: My family has experienced a significant loss of income due to severe illness or injury to a member of the family, or unusual expenses such as a fire, flood or other emergency situation. Please explain the circumstance or loss with documentation such as a doctor's note, accident report, etc.

Parent/Guardian certification (must be completed):

I, the undersigned, parent/guardian of _____ (name of students) hereby request that the School Board of Minooka CCSD 201 waive the below mentioned 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).

X_____

Signature of Applicant Printed Name of Applicant Date

See the following pages for further instructions and how to submit the completed application.

General Fee Waiver Information

The Board of Education of Minooka CCSD 201 requires a separate application for a waiver of school fees. An Application for Fee Waiver needs to be completed in addition to the free or reduced lunch application.

The application must be completed ANNUALLY. Eligibility in one year does not guarantee future fee waiver eligibility.

If your application is denied, the reason(s) for denial will be stated and you may appeal the decision. Your appeal request must be in writing and must be received within 30 calendar days of receipt of the denial letter. Full payment of instructional fees is expected unless a payment plan is established. Please contact the Business Office at 815-467-6121.

Submit the completed application and all required attachments to

bbriar@min201.org or

Minooka CCSD 201 District Office, 305 W. Church St., Minooka, IL 60447

Any questions regarding the fee waiver process may be directed to your child's school, the District Office at 815-467-6121 or bbriar@min201.org.

Please allow 30 days for processing. Applications will be reviewed starting July 1, 2025.

You will receive written notification if your waiver request has been granted, more information is needed, or denied. If your household income increases by $50 or more per month ($600 per year) or your household size decreases, you are obligated to report this change to the District immediately.

Income Guidelines: If your GROSS household income is above the 2025/2026 income guidelines, you DO NOT qualify for a fee waiver.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	48,945	4,079	2,040	1,883	942
6	56,095	4,675	2,338	2,158	1,079
7	63,245	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354

Acceptable Evidence for Verification of Income

Families requesting a waiver for instructional fees need to submit an Application of Fee Waiver and the required documentation for review. Waiver forms and instructions with examples of acceptable documentation are included below.

Please provide information or documents, which show your household's current income (see following page for definition of income), specifically, the gross income for each working household member or evidence of participation in government aid programs.

COPIES OF THE MOST RECENT IRS FORM 1040 ARE REQUIRED FOR EACH WORKING HOUSEHOLD MEMBER.
Examples of types of documents are listed below. Documentation for each source of income listed on your application is required. Any income intentionally not reported to the District will automatically disqualify your application. In addition, you may be asked to provide property tax bills, bank statements, credit card statements, rental/lease agreement, or mortgage statements.

Earnings/Wages/Salary (provide most recent consecutive two pay stubs):

□ Pay stub dated_____ Received how often (ex: weekly) _____

□ Letter from employer on letterhead indicating hourly worker's name, SS#, gross wages and frequency of payment.

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

Food Stamp/SNAP/TANF:

□ Food stamp certification notice

□ Letter from welfare office

□ Name of person receiving benefit: _____

Dollar amount: $_____

Beginning and ending dates: _____to_____

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 it is received, and the date it is received.

□ Canceled checks for outside financial aid

□ Notarized letter from person giving monthly aid

No Income:

If you have no income, please provide a letter explaining how you provide food, clothing, and housing for your household.