4:140-E1 Exhibit - Application for Waiver of Fees

NILES TOWNSHIP DISTRICT 219 – FEE WAIVER / LUNCH APPLICATION

School Year: _____ School: _____ Grade: _____

Student Name: _____ _____ ____ ID #_____

(Please Print) (Last) _____ (First)_____ (M)_____

Food Stamp # or TANF Case # _____

Please check here if applying for foster child: _____

In certain cases, foster children are eligible for free/reduced meals regardless of your household income.

List the foster child's monthly personal use income: $_____

HOUSEHOLD MEMBERS AND MONTHLY INCOME

LIST NAMES of ALL Household Members (Related and Unrelated) Regardless of income	RELATIONSHIP TO STUDENT	GROSS MONTHLY EARNINGS (Before Deductions) Job #1	Job #2	OTHER MONTHLY INCOME (Welfare, Child Support, Alimony, Pension, Social Security, Worker's Compensation, or Unemployment Compensation, Strike Benefits, etc.
1)				
2)				
3)				
4)				
5)				

6)				
7)				
8)				

I, the undersigned parent or guardian of _____ (Name of student), hereby request that the Board of Education of School District 219 waive the above mentioned fee(s) because:

_____The student is receiving public aid (Aid to Families with Dependent Children or "DCFS"). Evidence of participation in DCFS is attached.

_____The student lives in a household that meets the free lunch or breakfast eligibility guidelines established by the federal government pursuant to the National School Lunch Act, 42 U.S.C. § 1758; 7 C.F.R. Part 245. Evidence of eligibility for free or reduced meals is attached.

_____Other reasons why I am unable to afford the fees:
_____

_____

Please keep in mind this waiver does not cover any optional fees which would include bus, parking, lost or damaged books, and other fees/fines.

Parent/Guardian Information:

I am aware that providing false information to obtain a fee waiver is a felony under Illinois Law. I attest that all statements made herein are true and correct and that all household income has been reported. **I acknowledge that per Board procedure** 4:140-AP1**, *Waiver of Student Fees,* any fees paid will not be refunded if I am subsequently approved for a fee waiver.**

_____ _____ _____ ____ - ____ - ____
(Date) (Print Name) (Signature) (Social Security)

Home Address: _____

Home Phone #: _____ Work Phone #: _____

For School Use Only – Do Not Write Below this Line

Monthly income conversion: Weekly x 4.33 Every 2 weeks x 2.15
Twice a month x 2

Total Household Size _____ Monthly Income _____☐_____

Fee Waiver	☐ Approved Fee Waiver	☐ Approved 50% Fee Reduction	☐ Foster Child
Meals:	☐ Approved Free	☐ Approved Reduced Price	☐ Denied
Reason for Denial:	☐ Income too High	☐ Incomplete Application	☐ Denied

Signature of Determining Official: _____ Date: _____

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ELIGIBILITY DOCUMENTATION

DATED: March 10, 2026

Niles Township High School District 219