District 115
YORKVILLE
Community Unit School District
Administrative Center · 800 Game Farm Road · Yorkville, Illinois 60560 · 630-553-4382 · yl15.org

Instructions to Apply for District Fee Waiver

Step 1: List the names of all students, schools, grades, and ID numbers. List all parents(s)/guardians(s) and legal dependents living in the household.
Step 2: List ALL gross income (see definition) of EVERY person in the household under the appropriate column.

VERIFICATION MUST BE INCLUDED: Attach copies of all *acceptable documentation* to support the income listed on the application. All verification must show the gross income received and how often it is received.

ACCEPTABLE DOCUMENTATION TO ATTACH:

Earning/Wages/Salary for each job:

- Last two consecutive current paycheck stubs that show how often your wages are received for each working member of the household;
- If paid by cash, a letter from the employer stating the gross wages and how often they are paid; or
- Business papers, such as ledger or tax books, or page one of Form 1040-US Individual Income Tax Return – itself.

Unemployment Compensation/Disability or Worker's Compensation:

- Notice of eligibility from the State Employment Security Office;
- Two consecutive check stubs of compensation; or
- Letter from Worker's Compensation.

Social Security/Pension/Retirement/VA Benefits/Strike Benefits:

- Social Security retirement benefit letter
- Statement of Supplemental Security benefits (SS) received for each person;
- Pension award letter; or
- Veterans Affairs benefit letter/Union Strike benefit letter.

Child Support/Alimony:

- Court decree, agreement, or copies of two consecutive checks received.

All other income:

- Include regular contributions from people who do not live in your household; or
- If you have other forms of income (such as rental income), send information on papers that show the amount of income received, how often it is received, and the date received.

No Income:

- If you have no income, send a brief note explaining how you provide food, clothing and housing for your household. You may be required to submit a notarized affidavit attesting to "$0.00" income.

Step 3: Complete the required information. Date, sign, and return the application to your student's school or district office.
You will be notified within 30 days if your waiver request has been granted or denied.

CATEGORICALLY ELIGIBLE – If the student is homeless or has been placed by the Department of Children and Family Services with a foster parent, or a migrant student or a runaway, please state this information on the application form in lieu of providing the requested financial information. If the student has been placed by the Department of Children and Family Services with a foster parent, documentation must be attached to the application verifying the student's status.

GROSS INCOME DEFINED AS FOLLOWS: *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, of 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 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 that would be available to pay the price of a child's meal.

2026-2027 Income Eligibility Guidelines

	Free Fees						Reduced Fees				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,748	1,729	865	798	399	1	29,526	2,461	1,231	1,136	568
2	28,132	2,345	1,173	1,082	541	2	40,034	3,337	1,669	1,540	770
3	35,516	2,960	1,480	1,366	683	3	50,542	4,212	2,106	1,944	972
4	42,900	3,575	1,788	1,650	825	4	61,050	5,088	2,544	2,349	1,175
5	50,284	4,191	2,096	1,934	967	5	71,558	5,964	2,982	2,753	1,377
6	57,668	4,806	2,403	2,218	1,109	6	82,066	6,839	3,420	3,157	1,579
7	65,052	5,421	2,711	2,502	1,251	7	92,574	7,715	3,858	3,561	1,781
8	72,436	6,037	3,019	2,786	1,393	8	103,082	8,591	4,296	3,965	1,983
Additional Family Members	7,384	616	308	284	142	Additional Family Members	10,508	876	438	405	203

2026/2027 Application for Fee Waiver

ONE APPLICATION PER HOUSEHOLD

If your child(ren) have been DIRECTLY CERTIFIED through the National School Lunch Program, student fees will be automatically waived. YOU DO NOT NEED TO FILL OUT THIS FORM.

Student Name	School

Name of Parent/Legal Guardian:	
Address:	
Phone Number:	

In the table below, list all members living in the household - Include proof of all household income and specify how often it is received. If the children receive SNAP or TANF, or FDPIR benefits, complete Column "D" only with the SNAP or TANF case number or FDPIR identifier.

SEE ATTACHED SHEET FOR DEFINITION OF INCOME & INCOME GUIDELINES

List everyone in the household	**(Column A)** How much do you get paid? 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/bi-weekly	$300/month	$250/month	SNAP/TANF	

Total MONTHLY income (Column A+B+C+D)=

Total # of people in household =

EVIDENCE OF ALL CURRENT GROSS INCOME (SEE ATTACHED GUIDELINES) FOR EACH HOUSEHOLD MEMBER RECEIVING INCOME.

I certify (promise) that all the information on this application is true and correct, and that all household income for each household member 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).**

Signature Printed Name Date