



Application for Fee Waiver for 2026-2027 School Year

Student(s) Name (print) _____

Parent/Guardian Name (print) _____

Address (print) _____

Email address _____

xxx-xx-_____
Last 4 digits of SSN

1. **Total number of people living in the household:** _____
2. **Total gross annual household income (before deductions) from all people living in my household: \$** _____

PROOF OF INCOME IS REQUIRED!

Two current pay stubs for all working members of the household AND current tax return

****IF YOU INDICATE ZERO INCOME, PLEASE PROVIDE INFORMATION ON HOW YOU PROVIDE FOOD, CLOTHING, AND SHELTER FOR YOUR CHILD****

Fees that will not be waived: graduation fee, technology fee, sports, band, choir, and clubs

Income includes all:

- Compensation for services, wages, salary, commissions or fees; net income from self-employment; social security; dividends or interest on savings or bonds or income from estates or trusts;
- Net rental income, public assistance, or welfare payments;
- Unemployment compensation, government civilian employee or military retirement, or pensions or veterans' payments;
- Private pensions or annuities, alimony, or child support payments;
- Regular contributions for persons not living in the household, net royalties;
- Other case income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources).

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6)

I certify 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 the information.

Parent/Guardian Signature _____

Date _____

Submit application to: Gavin School District #37
Attn: De Kelly
25775 West Highway 134
Ingleside, IL 60041

If you have any questions or concerns, please contact De Kelly at dkelly@gavin37.org.

Revised: July 2026

We engage, grow, and empower every learner every day

