Woodstock Community Unit School District 200

2990 Raffel Road
Woodstock, IL 60098

Tel: 815.338.8204
Fax: 815.338.2005

www.woodstockschools.org

2026-2027 Application for Waiver of School Fees

Fee Waiver must be completed for every school year

If you are currently receiving aid under Article IV of the Illinois Public Aid Code; and/or are eligible for free meals pursuant to 105ILCS 125/1 et seq. (SNAP or TANF), **you must show a current Illinois Dept of Human Services letter with a benefits expiration date.**

If you do not automatically qualify through Supplemental Nutrition Assistance (SNAP) or Temporary Assistance for Needy Families (TANF), you may apply for a waiver if:

1. **Your income qualifies:** Woodstock Community Unit School District 200 will waive school fees if a parent or guardian meets the current school year income requirements for free meals as annually published by the U.S. Department of Agriculture. Incomes above the amounts shown on the Income Eligibility Guidelines will not qualify for a fee waiver.

2. **You have special circumstances:** The Business Services Office may grant a waiver of fees when one or more of the following factors resulted in the loss or reduction of family income: (a) illness in the family; (b) unusual expenses caused by fire, flood, storm, etc.; (c) seasonal employment; (d) emergency situation; or (e) one or more parent/guardian is involved in a work stoppage.

The following information must be included with this application:

- A copy of the **2025** IRS Federal 1040, 1040A or 1040EZ. If household members file separate tax returns, copies of **both** returns must be submitted.
- Names of all household members, including the student(s) **and the school(s) they attend**.
- Signature of adult household member.
- If your current income is different than that reflected on your tax return(s) please include current income information for each household member listing source of income (such as wages, alimony, pension, worker's compensation, etc.) and the frequency in which the income is received (weekly, every other week, monthly, or annually), including unemployment payments.

Only one application is needed per household provided all current students are listed on the application. **A new Application for Waiver of School Fees must be submitted at the beginning of each school year.**

Mail to:
Woodstock Community Unit School District 200
Attn: Business Services Office
2990 Raffel Road
Woodstock, IL 60098

2026-2027 APPLICATION FOR WAIVER OF SCHOOL FEES

	Name of all children in household	School that child is attending (if applicable)	Grade (if applicable)
1			
2			
3			
4			
5			

	Please list all adult members in the household		
1			
2			
3			
4			
5			

I, _____, being the parent or the legal guardian of the student(s) listed above, hereby request that Woodstock Community Unit School District 200 waive school fees for the 2026-2027 school year. I am requesting the waiver of fees for the following reason:

___ The student(s) is eligible pursuant to 105ILCS 125/1 et, seq. (SNAP or TANF)

___ The student(s) is currently receiving aid under Art. IV of the Illinois Public Aid Code (**include evidence**)

___ I am unable to afford the fees due to the following reason(s): _____

_____

The following proof of income for all adult household members is required in order to process the request to waive school fees. If income information is not included the request will not be considered.

1 A copy of your **2025** IRS Form 1040, 1040A or 1040EZ. If household members file separate tax returns both returns must be submitted.

2 If your current income is different than that reflected on the 1040, please include income information for each household member listing sources of all income such as wages, alimony, pension, worker's compensation, etc., and the frequency in which the income is received (weekly, bi-weekly, monthly, or annually) including any unemployment received or income that resulted from a change in your circumstances.

Certification:
I certify that all information contained on this application is true and correct and that all household income has been reported. I understand that school officials may verify all of the information contained on this application and all information submitted with this application. I have reviewed the District's policy regarding Waiver of Student Fees and am aware that supplying false information to obtain a fee waiver is a Class 4 felony pursuant to 720 ILCS 5/17-6.

Signed Name of Parent or Guardian **Date** **Printed Name of Parent or Guardian**

Street Address **Phone Number**

City, State, Zip **Email address**

For Business Office Use:

Date Received_____

Proof of Eligibility: Tax Return SNAP/TANF

Eligible: YES NO

Mailed Letter_____