Operational Services

Exhibit - Application for Fee Waiver

for a waiver of school fees.

This application for a school fee waiver is completely independent from the District process for determining eligibility for free meals. The information must be provided for your application to be considered. Submit completed application and income verification documents to the Building Principal. No fee may be collected from a parent/guardian requesting a waiver until the District has acted on the initial request or appeal and the parent/guardian has been notified of its decision.

	Student's Name (please print) School
_	Parent/Guardian Name (please print)
_	Address (please print)
1.	The student named above lives in my household? Yes No
2.	Total number of people living in my home Number of adults:
	Number of minors:
3.	Total gross annual household income (before deductions) from all people living in my home \$
	The above number must include 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 from persons not living in the household; Net royalties; and
	Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).
4.	My household meets the federal income guidelines for free meals (attached)?
	□Yes □No □N/A
	See https://www.isbe.net/Pages/School-Nutrition-Programs.aspx .
If '	you answered "No" to any of the previous questions, please indicate the reason(s) you are applying

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Income Verification for Fee Waiver	
You must present documents to verify income. Such documents ma	ay include, but are not limited to:
Two pay stubs for each working member of household Unemployment statement showing benefits Medicaid Card showing case number Direct Certification letter from the State of Illinois Temporary Food assistance for needy families	Disability benefit statement Current tax returns Foster placement papers Food Stamp Evidence
You may be requested to provide updated income verification at an every 60 calendar days.	y time, but no more often than once
Supplying false information to obtain a fee waiver is a Class 4 felo	ny (720 ILCS 5/17-6).
I attest that the statements made herein are true and correct.	
Parent/Guardian (signature)	Date
Revised: September, 2021	

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