

## Application for Student Fee Waiver

*This application is for a school fee waiver. The information must be provided for your application to be considered. Submit completed application and income verification documents to the Assistant Director.*

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Home 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 \_\_\_\_\_
3. Total gross annual household income (before deductions) from all people living in my home  
\$ \_\_\_\_\_

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 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Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).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  
See [www.isbe.net/nutrition/htmls/data.htm#income](http://www.isbe.net/nutrition/htmls/data.htm#income).

If you answered "No" to any of the previous questions, please indicate the reason(s) you are applying for a waiver of school fees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Income Verification for Fee Waiver

You must present one of the following documents to verify income:

Two current pay stubs for all working members  
of the household  
Unemployment statement showing benefits  
Medicaid Card showing case number

Disability statement showing benefits  
Current tax returns  
Foster placement papers

Direct Certification letter from the State of Illinois  
Temporary Food assistance for needy families

Food Stamp Evidence

You may be requested to provide updated income verification at any time, but no more often than once every 60 calendar days.

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

I attest that the statements made herein are true and correct.

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Parent/Guardian (*signature*)

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Date