

**Operational Services**

**Exhibit - Application for Fee Waiver**

*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*

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Student's Name (please print)

School

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Parent/Guardian Name (please print)

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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- Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).

The following income chart is updated on a yearly basis. This update occurs in August.

<u>FAMILY SIZE</u>	<u>ANNUAL INCOME</u>	<u>MONTHLY INCOME</u>	<u>WEEKLY INCOME</u>
1	\$14,079	\$1,174	\$271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
EACH ADDITIONAL			
FAMILY MEMBER	+4,862	+406	+94

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.

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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 | Disability showing benefits |
| Unemployment statement showing benefits                        | Current tax returns         |
| Medicaid Card showing case number                              | Foster placement papers     |
| Direct Certification letter from the State of Illinois         | Food Stamp Evidence         |
| Temporary Food assistance for needy families                   |                             |

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.

\_\_\_\_\_  
 Parent/Guardian (*signature*)

\_\_\_\_\_  
 Date

ADOPTED: May 27, 2010  
 REVISED: August 26, 2010

