Application for Fee Waiver for the 2023-2024 School Year Waukegan Community Unit School District # 60



Submit to the Fincoln Cen	ier localed at: 1701 is olie	Submit to the Lincoln Center located at: 1201 is Sheridan Roda, Wadseyan, it obboss	ouvos.		
Name of Parent / Legal Guardian (please print):	please print):				
		Homeless Hom	Homeless Consultant Signature:		Date:
	Home Address:				
	Phone:	Home#:	Cell#:	Work#:	
Student Name	Student ID #	School Attending	SNAP or TANF Case Number:	er: Foster Child? Yes or No (If Yes, provide current placement documents from agency)	ent documents from agency)
	ANALYSIS STATE OF THE STATE OF			1000	

in the table below list all members living in household - Include all household income and specify how often it is received.	household Include all househo	ld income and specify how often i	t is received.		
Federal definition of income: any monies e for services including wages, salary, commis from estate or trusts; 6. Net rental income; pension or annuities; 11. Alimony or child s	arned before any deduction such sions, or fees; 2. Net income fro 7. Public Assistance or welfare puport payments; 12. Regular co	n as income taxes, social security to mon-farm self employment; 3. Ne ayments; 8. Unemployment compayments; 6. Unemployment compartibutions from persons not livin	axes, insurance premiums, charitable of the income from farm self-employmen let income from farm self-employmen employment civilian employment civilian employment civilian employment civilian employment civilians, a control the civilians control to control civilians, and the civilians control to control civilians, and the civilians control civilians civilians control civilians ci	Federal definition of income: any monies earned before any deduction such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1. Monetary compensation for services including wages, salary, commissions, or fees; 2. Net income from non-farm self employment; 3. Net income from farm self-employment; 4. Social Security; 5. Dividends or interest on savings or bonds or income from estate or trusts; 6. Net rental income; 7. Public Assistance or welfare payments; 8. Unemployment compensation; 9. Government or military retirement or pensions or veteran payments; 10. Private pension or annulties; 11. Alimony or child support payments; 12. Regular contributions from persons not living in the household; 13. Net ovalities; and 14. Other cash income. Other cash income would include cash amounts	ing: 1. Monetary compensation savings or bonds or income savings or bonds or income eran payments; 10. Private would include cash amounts
List everyone in household Earnings from work Disability, welfare, social Child support, Alimony, etc. Other	Earnings from work before deductions	Disability, welfare, social security, etc.	Child support, Alimony, etc.	Other (please specify)	Check if NO INCOME - Indicate if minor
Example: Jane Doe	\$200 / weekly	\$150 / weekly	\$100 / monthly	\$50 / Mo from relative	
THE FOLLOWING MUST BE ATTACHED FOR EACH WORKING HOUSEHOLD MEMBER: 1. A COPY OF THE TWO MOST RECENT PAYSTUBS from employer OR A COPY C 2. Attach evidence of current gross income.	HED FOR EACH WORKING ST RECENT PAYSTUBS from t gross income.	HOUSEHOLD MEMBER: 1 employer OR A COPY OF T	LOWING MUST BE ATTACHED FOR EACH WORKING HOUSEHOLD MEMBER: A COPY OF THE TWO MOST RECENT PAYSTUBS from employer OR A COPY OF THE MOST RECENT IRS FORM 1 Attach evidence of current gross income.	1040 (most current federal tax returns for all adults)	s for all adults)
I, the undersigned, parent/guardian of the a information on this application is true and c Printed Name of Applicant:	forementioned students hereby orrect and that all household inc	request that the School Board of come for each member of the hou it supplying false information to come for each member of the houst supplying false information.	tudents hereby request that the School Board of Waukegan Public Schools District #60 waive the approprose in household income for each member of the household is reported. I understand that school officials may Lam aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). Signature of Applicant:	I, the undersigned, parent/guardian of the aforementioned students hereby request that the School Board of Waukegan Public Schools District #60 waive the appropriate registration fees. I certify (promise) 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 (check) the information. Lam aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). Date:	` [2
ADMINISTRATIVE USE ONLY:	ONIX:		pantej Tantem T	Waiver Dealed - does not meet eligibility	Waiver Der ncomplete appi
Date Processed	Effe	Effective Date		APC Design	

Acceptable Evidence for Verification of Income

Please provide information or documents, which show your household's current income, specifically the gross income for each working household member or evidence of participation in government aid programs. Examples of types of documents are listed below. Documentation for each source of income listed on your application is required. Any income intentionally not reported to the District will automatically disqualify your application. In addition, you may be asked to provide property tax bills, bank statements, credit card statements, rental/lease agreement, or mortgage statements.

Earnings	s/Wages/Salary:
а	Pay stub dated Received how often (ex: weekly)
0	Letter from employer on letterhead indicating hourly worker's name, gross wages and frequency of payment.
Self-Em _l	ployment Income:
•	Self-employment – income tax verification, business ledger or other
	Self-issued paycheck stub on pre-printed checks
•	Copy of incorporation papers listing officers and/or principal stockholder
Food Sta	amp/SNAP/TANF:
o.	Food stamp certification notice
П	Letter from welfare office
D	Name of person receiving benefit:
	Dollar amount: \$
	Beginning and ending dates: toto
Social S	ecurity/Pension/Retirement:
•	Social security benefit letter
ם	Statement of benefits received
ø	Pension award notice
	Disability award letter or check stub
Unempl	loyment Compensation:
П	Notice of eligibility from State Unemployment Office
Welfare	Payments:
	Government aid benefit letter
٥	Statement of purpose of benefit
Child St	upport/Alimony:
	Child support pay stubs
	Court decree
а	Canceled checks from spouse
Other I	ncome: If you have other forms of income, please provide information or documents which show the amount of income received, how often it
	ved, and the date it is received.
•	Canceled checks for outside financial aid
o	Notarized letter from person giving monthly aid
ם	IRS FORM 1040 with annual gross income of \$ for year OR
	IRS FORM -4506T is an authorization for the school district to verify that no income tax form was filed.
•	Copies of the most recent IRS Form 1040 may be required for each working household member.
0	When providing IRS Forms, please strike through any social security numbers.

No Income: If you have no income, please provide a letter explaining how you provide food, clothing, and housing for your household.

Families requesting a waiver for instructional fees need to submit an Application of Fee Waiver and the required documentation for review. Waiver forms and instructions with examples of acceptable documentation are included in this document. You will receive written notification if your waiver request has been granted or denied. If your household income increases by \$50 or more per month (\$600 per year), your household size decreases, or you are no longer eligible for food stamps, TANF, or SNAP, you are obligated to report this change to the District immediately.

Fees for extracurricular academic classes, extracurricular athletics, band, overnight trips, field trips, and summer school are not part of the waiver process.

If your application is denied the reason(s) will be stated and the procedures for appeal will be included. Full payment of instructional fees is expected and due by the first day of school. If you need to complete a payment plan, please contact your child's school.

Any questions regarding the fee waiver process may be directed to your child's school or the Office of Child Nutrition and Transportation Services. The telephone number is 224-303-3801.