July 2010 4:140-E1

Operational Services

Exhibit - Application for Fee Waiver

S	Student's Name (please print) School	
_	Constitution of the control of the c	
P	Parent/Guardian Name (please print)	
A	Address (please print)	
1.	1. The student named above lives in my household? Yes No	
2.	2. Total number of people living in my home	
3.	3. Total gross annual household income (before deductions) from all peopl	e 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 Net rental income;	trusts;
	Public assistance or welfare payments; Unemployment compensation;	
	Government civilian employee or military retirement, or pensions or Private pensions or annuities;	veterans payments;
	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	Other cash income (including cash amounts received or withdrawn f savings, investments, trust accounts and other resources).	from any source including
4.	4. My household meets the federal income guidelines for free meals (attach See www.isbe.net/nutrition/htmls/data.htm#income .	ned)?
	If you answered "No" to any of the previous questions, please indicate the r for a waiver of school fees.	eason(s) you are applying

Income Verification for Fee Waiver

Two current pay stubs for all working members of the 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 statement showing benefits
Current tax returns
Foster placement papers
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).

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

	•	,	
I attest that the statements made herein are true and correct.			
Parent/Guardian (signature)		Date	