Application for 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 District Office.

_____
Parent/Guardian Name *(please print)*

_____
Address *(please print)*

1. Please list the names of all District 113A students living in the household:

Name	School	Grade

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;

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16100 127th Street
Lemont, IL 60439

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Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).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

☐Yes ☐No ☐N/A

See https://www.isbe.net/Pages/School-Based-Child-Nutrition-Documents.aspx.

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 documents to verify income in order for the application to be processed.

Such documents may 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 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

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