

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. No fee may be collected from a parent/guardian requesting a waiver until the District has acted on the initial request or appeal and the parent/guardian has been notified of its decision.

Student's Name (please print)

Warren Township High School
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 _____
 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;
 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 Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).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)?

2. ☐ Yes ☐ No ☐ N/A

See <https://www.isbe.net/Pages/School-Nutrition-Programs.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. Such documents may include, but are not limited to:

Two pay stubs for each working member of household	Disability benefit statement
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

-THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY-

INITIAL DETERMINATION

TOTAL INCOME \$ _____ PER: _____ WEEK _____ 2 WEEKS _____ TWICE A MONTH _____ MONTH _____ YEAR _____ NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ DATE _____

Free based on:

____ homeless
____ migrant
____ runaway
____ Head Start
____ SNAP or TANF
____ foster child
____ household's income

Reduced based on:

____ household's income

Denied-Reason:

____ income too high
____ incomplete application
____ Non-qualifying SNAP/TANF

Date Withdrawn: _____

SIGNATURE OF DETERMINING OFFICIAL _____

Date: _____

IMPLEMENTED: September 14, 2021