



APPLICATION FOR WAIVER OF SCHOOL FEES 2019 – 2020 School Year

Please see back for complete instructions – All applications are due by December 2, 2019

Part 1: List the names of all households below								
FIRST NAME	LAST NAME	TYPE OF MEMBER (circle one)		SCHOOL NAME & GRADE				
1.		Parent/Guardian/Other						
2.		Parent/Guardian/Other						
3.		Student/Child						
4.		Student/Child						
5.		Student/Child						
6.		Student/Child						
7.		Student/Child						
IF ONE OR MORE STUDENTS LISTED ABOVE PARTICIPANT IN SCHOOL SPORTS/ATHLETICS CHECK THIS BOX: <input type="checkbox"/>								
PART 2: Homeless, Migrant, Runaway, or Foster child: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Foster Child								
PART 3: Total Household Gross Income (before deductions)								
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) If you have no income to report see the back of this form.	Gross Income and How Often It Is Received (<i>Hourly rates are not acceptable</i>) <i>Example: \$100/monthly; \$100/twice a month; \$100/every other week; \$100/weekly</i>							
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker Comp, Unemployment, SSI, etc. (All Other Income)	
	Amount	How Often Paid?	Amount	How Often Paid?	Amount	How Often Paid?	Amount	How Often Paid?
1.	\$			\$		\$		
2.								
3.								
4.								
PART 4: Complete Applicant's information below: <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that written documentation is required and school officials may verify (check) the information. I understand that if I purposely give false information, I shall be guilty of a Class C misdemeanor and may be prosecuted.</i> <i>(105ILCS 5/10-20.12b)</i>								
_____ Date		_____ Applicant's Printed Name			_____ Applicant's Signature			
_____ Daytime Telephone Number		_____ Home Address (Number, Street)				_____ ZIP _____		
_____ Cell Phone # that can receive text messages		_____ Email address for Notification – PLEASE PRINT CLEARLY						
<p>Privacy Act Statement The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.</p> <p>Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office of Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.</p>								
<p>Do not fill out this part. This is for office use only. Annual Conversion: Weekly X 52 Every Two Weeks X 26 Twice a Month X 24 Monthly X 12</p> <p>Total Income \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year Number in Household _____</p> <p><input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied – Reason <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete application</p> <p>Signature of Determining Official: _____ Date: _____</p>								

RETURN COMPLETED FORMS TO: Administrative Service Center • 530 West Reynolds Street • Springfield, Illinois 62702-5030 217/525-3040 • FAX 217/525-3029 • TDD 217/525-3023 • www.sps186.org

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD

Part 1: List all household members names and circle the appropriate member type and provide your child's school name and grade for all district 186 students.

Part 2: If you are completing this form for a Homeless, Migrant, Runaway or Foster Child – check the appropriate box.

Part 3: List the names of all household members who receive income. Report gross income and how often it is received.

- Gross income is the amount of income earned before taxes and other deductions.
- We will not accept income reported in an hourly rate.
- You may be asked to provide proof of income.

*** If you do not have any income to report, please supply documentation as to why there is no income in the household and how you are providing for your family. We can accept a brief note explaining how you provide food, clothing and housing for your family and when you expect an income to be received.**

Part 4: Complete form with date, printed name, signature, daytime phone number and home address.

Did you know?

As a parent, you have access to your child(ren)'s online cumulative folder where you can view his/her's grades, attendance records, schedule, and student billing information?

With your online access, you can set up personal preferences that will allow you to receive text messages about student grades, absences, general school information, report cards, etc.?

If your application has information that does not match that of your child's online cumulative folder it may result in an application denial?