

**Application for Fee Waiver**  
**2023-2024**

TO: Parents/Guardians (*only if* **APPLYING 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. **All financial information provided will be kept confidential.***

\*School fees assessed by Itasca School District 10 will be waived for children if they have been approved by the State of Illinois (Directly Certified) for SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Aid for Needy Families), approved as a foster child by DCFS, or covered by the provisions of the McKinney-Vento Homeless Assistance Act.

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Student's Name (*please print*)

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Grade Level and School

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Parent/Guardian Name (*please print*)

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Address (*please print*)

1. The student named above lives in my household? ☐ Yes ☐ No
2. Total number of people living in my home \_\_\_\_\_
3. Total gross annual household income (before deductions) from all people living in my home  
\$ \_\_\_\_\_ **(Must include documents for verification.)**  
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 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  - Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).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)? ☐ Yes ☐ No

| Fee Waiver Guidelines<br>2023 - 2024  |        |         |                 |                 |        |
|---------------------------------------|--------|---------|-----------------|-----------------|--------|
| Family Size                           | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1                                     | 18,954 | 1,580   | 790             | 729             | 365    |
| 2                                     | 25,636 | 2,137   | 1,069           | 986             | 493    |
| 3                                     | 32,318 | 2,694   | 1,347           | 1,243           | 622    |
| 4                                     | 39,000 | 3,250   | 1,625           | 1,500           | 750    |
| 5                                     | 45,682 | 3,807   | 1,904           | 1,757           | 879    |
| 6                                     | 52,364 | 4,364   | 2,182           | 2,014           | 1,007  |
| 7                                     | 59,046 | 4,921   | 2,461           | 2,271           | 1,136  |
| 8                                     | 65,728 | 5,478   | 2,739           | 2,528           | 1,264  |
| For each additional family member add | 6,682  | 557     | 279             | 257             | 129    |

If you answered "No" to any of the previous questions, please indicate the reason(s) you are applying for a waiver of school fees.

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#### **Income Verification for Fee Waiver**

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

|  |                                       |
|--|---------------------------------------|
| Two current pay stubs for all working members of the household | Disability statement showing benefits |
| 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  |

For Office Use Only

|                          |             |
|--------------------------|-------------|
| <b>Approved / Denied</b> |             |
| School Official: _____   | Date: _____ |