



## 2020-2021 School Fee Waiver Application

PLEASE COMPLETE ONE APPLICATION PER FAMILY

Family Name(s): \_\_\_\_\_ School(s):  Central  Lawn  Finley

I certify that I have submitted to the District Office the following regarding my waiver application:

**I. NUMBER OF MEMBERS IN THIS HOUSEHOLD \_\_\_\_\_**

PLEASE LIST EVERYONE IN HOUSEHOLD			
Student Name for who a fee waiver is requested	Grade	School (Lawn, Central, Finley)	Is the Student Homeless
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name Everyone Else that Lives in Household	Receives Income	Relationship to Student	Age
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**I. ELIGIBILITY**

**A. Participation in SNAP/TANF Program**

Are the children listed above members of a household eligible for Supplemental Nutrition Assistance Program (SNAP), Income Eligible Medicaid or participation in Temporary Assistance for Needy Families (TANF)?

**YES** If YES, attach a copy of the certification letter with names of those household members receiving assistance

**NO** If NO, Complete part B.

**B. Household Income Information**-APPLICANTS WHO HAVE PROVIDED CURRENT/VALID SNAP OR TANF CASE NUMBERS AND COPY OF LETTER DO NOT NEED TO COMPLETE THIS SECTION.

List Everyone In Household with Income	Earnings from Work How much do you get paid? And how often do you get paid?	Disability, Welfare, Social Security, etc.	Child Support, Alimony, etc.	All Other Income: Worker's Comp., Unemployment, etc. (please specify)
<i>Example: Jane Doe</i>	<i>\$1000/weekly</i>	<i>\$300/monthly</i>	<i>\$250/monthly</i>	<i>\$250/twice a month</i>
<b>Total Monthly Income</b>	<b>Total # of People in Household</b>			

**III. OTHER ELIGIBILITY CRITERIA** -Special Circumstances: My family has experienced a significant loss of income due to severe illness, injury to a member of the family, unusual expenses such as fire, flood, storm damage or other emergency situations. Please explain circumstance or loss attaching documentation, such as doctor's notes, accident report, etc.

\_\_\_\_\_

I hereby request that the Board of Education of School District 127.5 waive the fees for the student/s listed above. I have reviewed the District's Policy 4:140 Waiver of Student fees. I attest, by my signature below, that all the information provided herein is true and correct.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_