

# Mount Prospect School District 57 Student Fee Waiver Application

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

DISTRICT 57 STUDENT NAME	SCHOOL NAME	GRADE LEVEL

In conjunction with the information provided below, submit copies of ALL appropriate documentation for ALL wage earners in your household:

1. REQUIRED – Prior year 1040 income tax form and W-2 forms.
2. If applicable, current pay stub(s) for all family members.
3. If applicable, supporting documentation for welfare, child support, and/or alimony.
4. If applicable, supporting documentation for pension, retirement, and/or social security.
5. If applicable, supporting documentation for workers compensation, unemployment, SSI, and/or all other income.

Names List Everyone in Household	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (weekly/twice a month/bi-weekly/monthly)								
	Check if no Income	Earnings From Work (Before Deductions)		Welfare, Child Support Alimony		Pensions, Retirement, Social Security		Workers Compensation, Unemployment, SSI, All Other Income	
		Amount	How Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?
	√	\$		\$		\$		\$	
		\$		\$		\$		\$	
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		\$		\$		\$		\$	

I, the parent/guardian of the above listed student(s) hereby request that the Board of Education of District 57 waive the school fee(s) pursuant to IL Rev. Stat. CH. 122 Par. 10-20.13. I further state in support of this waiver request that the information provided is true and accurate. I understand the Illinois Revenue Statue Chapter 28, paragraph 17-6, provides that supplying false information to obtain a fee waiver is a Class 5 felony.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

### FOR BUSINESS OFFICE USE ONLY

Comment \_\_\_\_\_

Total Income \_\_\_\_\_ Per  Week  Every 2 weeks  Twice a Month  Month  Year Number in Household \_\_\_\_\_

Approved based on  Household Income  Public Aid  Other \_\_\_\_\_

District Official's Signature \_\_\_\_\_ Date \_\_\_\_\_