



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 64 PARK RIDGE-NILES

164 S. Prospect Avenue

Park Ridge, IL 60068-4079

PHONE: (847) 318-4300

FAX: (847) 318-4351

www.d64.org

Dear School District 64 Parent/Guardian,

Under Illinois law, school districts are required to waive charges for textbooks and other fees for children whose families are unable to afford them. A child can be deemed eligible under any of the following circumstances:

- The child is directly certified by the State of Illinois as receiving SNAP or TANF benefits
- The child is categorically eligible (i.e. homeless, migrant or runaway or in Head Start)
- The child's household income is below the federal guidelines for free meals

State law permits the District to verify household income through an application process. If you wish to apply for a fee waiver, please complete the enclosed application and mail along with supporting documentation to:

Park Ridge-Niles School District 64

Attn: Brian Imhoff

164 S. Prospect Ave.

Park Ridge, IL 60068

Applications will be verified using the United States Department of Agriculture's Income Eligibility Guidelines for 2016-17, which are shown below.

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each additional	5,408	451	226	208	104

Please note the District cannot approve an application that is incomplete, so be sure to provide all required information. The District also reserves the right to request additional information. After the District has reviewed your application, you will be notified in writing of the eligibility determination.

If you have any questions related to the application process, please feel free to call Brian Imhoff, Assistant Business Manager, at 847-318-4322.

CARPENTER
SCHOOL
300 N. Hamlin
Park Ridge, Illinois
(847) 318-4370

FIELD
SCHOOL
707 N. Wisner
Park Ridge, Illinois
(847) 318-4385

FRANKLIN
SCHOOL
2401 Manor Ln
Park Ridge, Illinois
(847) 318-4390

ROOSEVELT
SCHOOL
1001 S. Fairview
Park Ridge, Illinois
(847) 318-4235

JEFFERSON
SCHOOL
8200 Greendale
Niles, Illinois
(847) 318-5360

WASHINGTON
SCHOOL
1500 W. Stewart
Park Ridge, Illinois
(847) 318-4360

LINCOLN
MIDDLE SCHOOL
200 S. Lincoln
Park Ridge, Illinois
(847) 318-4215

EMERSON
MIDDLE SCHOOL
8101 N. Cumberland
Niles, Illinois
(847) 318-8110

Park Ridge-Niles School District 64

Student Fee Waiver Application

Parent/Guardian Name _____ Home Phone _____

Relationship _____ Work Phone _____

Home Address _____

Address City Zip Code

DISTRICT 64 STUDENT NAMES	SCHOOL NAME	GRADE LEVEL

In addition to completing this application, you must submit copies of ALL items below for ALL wage earners in your household:

- REQUIRED – Prior year 1040 income tax form and W-2 forms.
- If applicable, current pay stub(s) for all family members.
- If applicable, supporting documentation for welfare, child support, and/or alimony.
- If applicable, supporting documentation for pension, retirement, and/or social security.
- If applicable, supporting documentation for workers compensation, unemployment, SSI, and/or all other income.
- If your household receives SNAP or TANF benefits, provide documentation showing your case number.

Names List Everyone in Household	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Weekly/twice a month/bi-weekly/monthly/annual)								
	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 64 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 Statute Chapter 28, paragraph 17-6, provides that supplying false information to obtain a fee waiver is a Class 5 felony.

Parent/Guardian Signature _____ Date _____

SECTION BELOW FOR BUSINESS OFFICE USE ONLY

Total Income _____ Per ☐ Week ☐ Every 2 weeks ☐ Twice a Month ☐ Month ☐ Year Number in Household _____

Approved based on: ☐ Household Income ☐ Public Aid ☐ Other _____ Denied: ☐

District Official's Signature _____ Date _____