

Niles Elementary School District No. 71

6901 W. Oakton Street, Niles IL 60714-3024

PH: 847-966-9280 FAX: 847-966-1478

Fee Waivers will be based upon need. All income earners in the household must submit 2 previous pay check stubs **and** income tax returns. If there is an extenuating circumstance, please feel free to list it below.

Name of Parent (print clearly): _____

Name of Student(s) (print clearly):	Grade
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APPLICATION FOR FREE FEES

1. List Children in Culver School	(Complete one application per household)
Last, First (print)	Grade

2. Total Household Gross Income (before deductions). You must tell us how much and how often

Names <small>List everyone in household</small>	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc. (All other income)		Check if NO Income
	Amount	How often	Amount	How often	Amount	How often	Amount	How often	
	-		-		-		-		
	-		-		-		-		
	-		-		-		-		
	-		-		-		-		
	-		-		-		-		
	-		-		-		-		

3. Signature and Social Security Number (Adult must sign)

Printed Name of Adult Signed Name of Adult

Social Security Number XXXX -XX - _____ Date _____

4. Contact Information

Work Telephone Number _____ Home Telephone Number _____

Cell Telephone Number _____

Home Address (number, street city and zip code) _____

SCHOOL USE ONLY

Free _____

Signature of District Official _____ Date _____