2019-2020 EPCUSD 401 Fee Waiver Application

1. Using Instructions to Apply for the 2018-2019 Fee Waivers, fill out form below completely. **Please print out.**
2. Attach copies of: a. Proof of Family Size b. Proof of all income.
3. Parent/Guardian must sign and certify that all information is true and all income is reported.

Please mail or drop off to: EPCUSD #401 Attn: Mr. Imaad Dada, 8201 West Fullerton Ave, Elmwood Park, IL 60707

Gross Income received – include amounts for ALL sources (see Guidelines)

Example: $400/week, $800/every 2 weeks, $1720/month

List Everyone in the Household (please print) If student, include school attending, grade and ID #	**CURRENT EARNINGs FROM WORK before any deductions**	**Unemployment Comp., Disability Comp.,or Workers Comp.**	**Pension, Retirement, Social Security**	**Welfare, Alimony, Child Support**	**All Other Income**	**Total Income**	**Proof Attached**
Parent/Guardian #1							☐
Parent/Guardian #2							☐
Student #1							☐
Student #2							☐
Student #3							☐
Student #4							☐
Student #5							☐
Student #6							☐
Additional People							☐
Additional People							☐
Additional People							☐

I attest that all information on this application is true and all income is reported. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose their waiver benefits.

PRINTED Name of Parent/Guardian _____ **SIGNATURE of Parent/Guardian** _____ **DATE** _____

Contact Info: HOME ADDRESS _____ **TELEPHONE** _____

Number, street, city, zip code — Work/home/cell

*******All Waivers are subject to a 60 day reevaluation by the Business Office*******

For Office Use Only- DO NOT WRITE HERE ☐ **Approved by _____/_____** ☐ **Denied by _____/_____**

FAMILY SIZE: _____

INCOME:_____/wk/2 wks/month

NOTES: