

Dear Parent or Guardian:

Grayslake Community High School District 127 waives fees for parents or guardians unable to afford them in accordance with the district policy and procedures. If your household income meets the district's guidelines and you provide evidence of eligibility, your child(ren)'s fees will be waived. In addition, if your household is a part of the SNAP/TANF program, your child(ren)'s fees will also be waived and there is no need to complete this application.

The fees the district will waive include but are not limited to registration fees, course fees, summer school fees and athletic fees. Fees that are not included are yearbooks, locks, materials, supplies and equipment. Fines for lost and/or damaged materials will be assessed with limited exceptions. (see Board Policy 4:140 for clarification).

Please provide the following forms for all wage earners in your household:

_____ Copy of two (2) current pay stubs for all family member(s) – REQUIRED

_____ Copy of most recent Federal Income Tax Form 1040 and W2 forms-REQUIRED

_____ Copy of any additional income such as Unemployment, Child Support/Alimony, Social Security, Pension, Retirement – REQUIRED

_____ Any other income in household including Child Tax Credit and Earned Income Credit - REQUIRED

If possible, do not send original papers. If you do send original papers, they will be sent back to you only if you ask.

If you have any questions or if you need any help completing the fee waiver application, please call Cindy Jensen in the Business Services Office at 847-986-3457 or cjensen@d127.org.

Sincerely,



Abe Singh
Associate Superintendent for Business Services

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity employer.



Application for Fee Waiver

Complete One Application per Household

Part 1. Student Info

Names of Child(ren)

(First, Middle Initial, Last)

School Name (GCHS or GNHS)

Grade

Student ID (*SCHOOL USE ONLY*)

Part 2. Food Stamp or SNAP/TANF Case

Note: The case # must be in the following format: ** — *** — ** — *****

(if any, per student)/Skip to Part 4 if you list a food stamp or TANF Case #

Part 3. Total Household Gross Income (before deductions) You must tell us how much

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN RECEIVED					3. Check if NO INCOME	
	Earnings from Work-Gross Income (Before Deductions)		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp., Unemployment, SSL, etc. (All Other Income)		
A.	Amount	How Often?	Amount	How Often?	Amount	How Often?	☐
	\$	/	\$	/	\$	/	
B.	Amount	How Often?	Amount	How Often?	Amount	How Often?	☐
	\$	/	\$	/	\$	/	
C.	Amount	How Often?	Amount	How Often?	Amount	How Often?	☐
	\$	/	\$	/	\$	/	
D.	Amount	How Often?	Amount	How Often?	Amount	How Often?	☐
	\$	/	\$	/	\$	/	
E.	Amount	How Often?	Amount	How Often?	Amount	How Often?	☐
	\$	/	\$	/	\$	/	

Part 4. Signature (Parent/Guardian must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her social security number **or** mark the "I do not have a social security number box." I certify (promise) all information on this application is true and all income is reported. The school has my permission to validate any information submitted.

____ - ____ - ____
Social Security Number

I **do not** have a social security number.

Falsifying Information: Parent/Guardian are advised that supplying false information to obtain a fee waiver is a Class 4 felony under Illinois complied statutes 7-20 ILCS 5/17.6. If the amount of benefit obtained is over \$300.00, it is a Class 3 felony.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

Contact Telephone Number (Include area code) _____ Home Address (number, street, city, zip code) _____

Parent Email Address (a valid email address that we may contact for additional information) _____

If Applicable: Special Circumstances/ My family has experienced a significant loss of income due to severe illness, injury to a member of the family or other. Please explain circumstance of loss and attach documentation, such as a doctor's note, accident report, etc.

School Use Only-

Initial Determination

Number in Household _____

Total Income: \$ _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a Month ☐ Month ☐ Year

Fees waived based on: ☐ Food stamp or TANF OR ☐ Household's Income

Denied-Reason: ☐ Income too high OR ☐ Incomplete application OR

Signature of Determining Official

Date

Approved at: 100% OR 50%