

Waukegan Community Unit School District # 60

Application for Fee Waiver for the 2017- 2018 School Year

Submit to the Lincoln Center located at: 1201 N Sheridan Road, Waukegan, IL 60085.

Name of Parent / Legal Guardian (please print):		Homeless <input type="checkbox"/> Homeless Consultant Signature: _____			Date: _____
Home Address:		_____			
Phone:		Home#:	Cell#:	Work#:	
Student Name	Student ID #	School Attending	SNAP or TANF Case Number:	Foster Child? Yes or No (If Yes, provide current placement documents from agency)	

In the table below list all members living in household – Include all household income and specify how often it is received.

Federal definition of income: any monies earned before any deduction such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1. Monetary compensation for services including wages, salary, commissions, or fees; 2. Net income from non-farm self employment; 3. Net income from farm self-employment; 4. Social Security; 5. Dividends or interest on savings or bonds or income from estate or trusts; 6. Net rental income; 7. Public Assistance or welfare payments; 8. Unemployment compensation; 9. Government civilian employee or military retirement or pensions or veteran payments; 10. Private pension or annuities; 11. Alimony or child support payments; 12. Regular contributions from persons not living in the household; 13. Net royalties; and 14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings; investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

List everyone in household	Earnings from work before deductions	Disability, welfare, social security, etc.	Child support, Alimony, etc.	Other (please specify)	Check if NO INCOME – Indicate if minor
Example: Jane Doe	\$200 / weekly	\$150 / weekly	\$100 / monthly	\$50 / Mo from relative	

THE FOLLOWING MUST BE ATTACHED FOR EACH WORKING HOUSEHOLD MEMBER:

1. A COPY OF THE TWO MOST RECENT PAYSTUBS from employer OR A COPY OF THE MOST RECENT IRS FORM 1040 (most current federal tax returns for all adults)
2. Attach evidence of current gross income.

I, the undersigned, parent/guardian of the aforementioned students hereby request that the School Board of Waukegan Public Schools District #60 waive the appropriate registration fees. I certify (promise) that all the information on this application is true and correct and that all household income for each member of the household is reported. I understand that school officials may verify (check) the information.

I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

ADMINISTRATIVE USE ONLY:	<input type="checkbox"/> Waiver Granted	<input type="checkbox"/> Waiver Denied – does not meet eligibility	<input type="checkbox"/> Waiver Denied – incomplete application
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Signature _____

Date Processed _____

Effective Date _____