

ITASCA SCHOOL DISTRICT 10

ADMINISTRATIVE CENTER
MR. CRAIG BENES
200 N. MAPLE ST.
ITASCA, IL 60143-1722
(630) 773-1232 Fax (630) 773-1342

FEE WAIVER APPLICATION FORM **2022-2023**

Dear Parent / Guardian,

To apply for a Fee Waiver, please complete the attached form and include all necessary documents. Eligibility is based on the criteria listed within the Fee Waiver Application. For families requesting a fee waiver, only one Fee Waiver Application needs to be submitted per family.

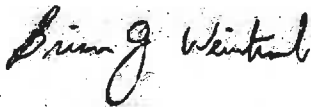
The Fee Waive application is to be returned to the Administrative Center (200 N. Maple St., Itasca, Illinois 60143) or your child's school in a sealed envelope. **All financial information provided will be kept confidential.**

If approved, a Fee Waiver would waive the fees for the following items:

- Registration Fee
- Technology Fee

If you have any questions, please contact me.

Respectfully,



Mr. Brian Weintraub, CSBO
Director of Operations
(revised 7/1/2022)

RAYMOND BENSON PRIMARY
MR. JASON TAYLOR
301 E. WASHINGTON ST.
ITASCA, IL 60143-2159
(630) 773-0554
Fax (630) 285-7474

ELMER H. FRANZEN INTERMEDIATE
MR. JASON TAYLOR
730 N. CATALPA ST.
ITASCA, IL 60143-1465
(630) 773-0100
Fax (630) 285-7468

F.E. PEACOCK MIDDLE SCHOOL
DR. HEIDI WEEKS
301 E. NORTH ST.
ITASCA, IL 60143-1620
(630) 773-0335
Fax (630) 285-7460

Application for Fee Waiver
2022-2023

TO: Parents/Guardians (*only if APPLYING FOR FEE WAIVER*),

*This application for a school fee waiver is completely independent from the District process for determining eligibility for free meals. The information must be provided for your application to be considered. Submit completed application and income verification documents to the Building Principal. **All financial information provided will be kept confidential.***

*School fees assessed by Itasca School District 10 will be waived for children if they have been approved by the State of Illinois (Directly Certified) for SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Aid for Needy Families), approved as a foster child by DCFS, or covered by the provisions of the McKinney-Vento Homeless Assistance Act.

Student's Name (*please print*)

Grade Level and School

Parent/Guardian Name (*please print*)

Address (*please print*)

1. The student named above lives in my household? Yes No
2. Total number of people living in my home _____
3. Total gross annual household income (before deductions) from all people living in my home
\$ _____ **(Must include documents for verification.)**

Income includes all:

- Compensation for services, wages, salary, commissions or fees;
- Net income from self-employment;
- Social Security;
- Dividends or interest on savings or bonds or income from estates or trusts;
- Net rental income;
- Public assistance or welfare payments;
- Unemployment compensation;
- Government civilian employee or military retirement, or pensions or veterans payments;
- Private pensions or annuities;
- Alimony or child support payments;
- Regular contributions from persons not living in the household;
- Net royalties; and
- Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).

4. My household meets the federal income guidelines for free meals (attached)? Yes No

Fee Waiver Guidelines 2022 - 2023					
Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166
For each additional family member add	6,136	512	256	236	118

If you answered "No" to any of the previous questions, please indicate the reason(s) you are applying for a waiver of school fees.

Income Verification for Fee Waiver

You must present one of the following documents to verify income:

- | | |
|--|---------------------------------------|
| Two current pay stubs for all working members of the household | Disability statement showing benefits |
| Unemployment statement showing benefits | Current tax returns |
| Medicaid Card showing case number | Foster placement papers |
| Direct Certification letter from the State of Illinois | Food Stamp Evidence |
| Temporary Food assistance for needy families | |

You may be requested to provide updated income verification at any time, but no more often than once every 60 calendar days.

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

I attest that the statements made herein are true and correct.

Parent/Guardian (signature) _____
Date

For Office Use Only

Approved / Denied	
School Official: _____	Date: _____