

2019-2020 Application for Waiver of Student Fees

Student fees may be waived in accordance with Board policy 4:142 subject to eligibility. Please note that: (a) outstanding fees from prior school years cannot be waived, (b) a new application must be filled out each school year and (c) receipt of free/reduced lunch is a separate application process. If you are interested in applying for Free/Reduced Lunch, please visit www.bps101.net/fa.

PART A: Student Information

List the student(s) name, grade, school and ID number.

| Name of Student | Grade | School | ID Number |
|-----------------|-------|--------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

PART B: Eligibility

Please identify the appropriate eligibility type:

| Criteria | Y/N? | Eligibility/ Next Step |
|---|------|---|
| Do the student(s) participate in Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps, Temporary Assistance for Needy Families (TANF) or Medicaid? | | Direct certification Proceed to PART F |
| Is/are the student(s) homeless, migrant, in foster care, runaway or participating in Head Start? | | Categorical eligibility Proceed to PART F |
| Is the family income below federal income eligibility guidelines? | | Income eligibility Proceed to PART C |
| Has the family recently experienced a significant loss of income due to severe illness or injury in the family or unusual expenses such as fire, flood, or storm damage or similar emergency circumstances? | | Extenuating circumstances Proceed to PART E |



PART C: Household Members and Gross Income

Please list **ALL** individuals who reside with the students and their gross income (before deductions).

| Name | Monthly Gross Income | Receives welfare, child support, or alimony? (Y/N) | Receives pension, retirement, or social security? (Y/N) | Receives unemployment, supplemental security income, or other? (Y/N) |
|------|----------------------|--|---|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

PART D: Income Verification

All applications must include supporting documentation to verify the gross income **for each household member listed above**. Documentation for each income source must be submitted that includes the amount of income and frequency it is earned or distributed. If an individual has no income, recent income tax filings and a notarized affidavit must be submitted.

The following are examples of acceptable forms of income documentation:

- 1. Earnings & Wages**
 - a. Pay stubs with wage rates (at least two most recent)
 - b. If paid cash, letter from employer stating gross wages and pay frequency
 - c. If self-employed, business papers, ledger or tax records.
- 2. Income Tax Filings**
 - a. Page 1 of the most recent Form 1040 U.S. Individual Income Tax Return
 - b. If you did not file a tax return, contact the IRS and request a letter of non-filing
 - c. If a single parent household, child must be reported on the Form 1040 to be considered eligible
- 3. Unemployment Compensation, Disability, or Worker's Compensation**
 - a. Notice of eligibility from State Employment Security Office
 - b. Check stub of compensation



- c. Letter from Worker’s Compensation
- 4. Social Security, Pension, Retirement Annuities**
 - a. Social Security retirement benefit letter
 - b. Statement of Supplemental Security Income (SSI) received for each person
 - c. Pension award letter
- 5. Child Support and Alimony**
 - a. Court decree, agreement, or copies of checks received
- 6. Other**
 - a. If an individual has other forms of income (such as rental income), submit documentation that indicates the amount and frequency it is received.
 - b. If a household member has no income, provide a letter explaining how food, clothing and housing is provided for the household. You may be required to submit a notarized affidavit attesting to no income.

PART E: Extenuating Circumstances

Describe the nature of the incident(s) that resulted in significant loss of income and the date(s) of occurrence.

| Brief Description of Extenuating Circumstances |
|--|
| |

Please provide supporting documentation that will verify the extenuating circumstances described above, e.g., medical bills, insurance claims, accident reports, etc.

PART F: Direct Certification and Categorical Eligibility

If applicable, respond to the following.

| | |
|--|--|
| Provide the SNAP or TANF case number, if applicable. | |
| Is/are the student(s) homeless, migrant, in foster care, runaway or participating in Head Start? If yes, indicate which. | |



You may be asked to provide more documentation for information provided in this section if it is not already on file.

PART G: Certification and Affirmation

I, the undersigned parent/guardian of the above student(s), hereby request a waiver of student fees by the Board of Education. I certify that all information provided on this application and supporting documents is true and correct and that all household income for each member of the household is reported. I understand that school officials may verify this information. **I am aware that providing false information to obtain a student fee waiver is a Class 4 felony (720 ILCS 5/17-6).**

| | |
|-----------------------------|--|
| Parent/Guardian Name | |
| Address | |
| City, State, ZIP | |
| Contact Number | |
| Email Address | |
| Signature | |
| Date | |

Please submit your application to Batavia School District 101, 335 W. Wilson Street, Batavia, IL 60510. If applicable, approved fee waivers will be prorated according to District's policy on School Fees (4:142).

PART H: Office Use Only

| Total in Household | Total Gross Income | Frequency of Income | Approved/ Denied |
|---------------------------|---------------------------|----------------------------|-------------------------|
| | | | |

