

**KANKAKEE SCHOOL DISTRICT #111  
STUDENT FEE WAIVER FORM**

This form must be filled out to determine eligibility for a waiver of required fees and eligibility for various additional state and federal programs that your child(ren) may qualify for, please complete, sign and return this application at the time of registration. Official notice of the status of your fee waiver request will be mailed within 30 days.

\_\_\_\_\_ I do not want to apply for waiver of student fees.

\_\_\_\_\_ Print Parent or Guardian Name

\_\_\_\_\_ Parent Guardian Signature

\_\_\_\_\_ Date

**1. All Household Members**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.												Check If NO Income	Check If Foster Child	
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>

**2. Homeless, Migrant, Runaway, or Head Start**

Homeless    Migrant    Runaway    Head Start

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature**

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name of Adult Household Member

\_\_\_\_\_ Signature of Adult Household Member

**5. Contact Information**

\_\_\_\_\_ Work Telephone Number (Include Area Code)

\_\_\_\_\_ Home Telephone Number (Include Area Code)

\_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code)

**SCHOOL USE ONLY**

**INITIAL DETERMINATION**   Annual Income Conversion   Weekly X 52   Every 2 Weeks X 26   Twice a Month X 24   Once a Month X 12   Convert income only if different frequencies of pay are reported.

TOTAL INCOME \$ \_\_\_\_\_ Per:    Week    Every 2 Weeks    Twice a Month    Month    Year   NUMBER IN HOUSEHOLD: \_\_\_\_\_   CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

Currently receive benefits based on:  
 homeless    SNAP or TANF  
 migrant    foster child  
 runaway    household's income  
 Head Start

\_\_\_\_\_ Date Withdrawn

\_\_\_\_\_ Signature of Determining Official

Date: \_\_\_\_\_

**Privacy Act Statement:** The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** In accordance with Federal Law and U.S. Department of Education 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 U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.