

Community High School District 155 2020-21 Fee Waiver Application

This application cannot be processed until all required income verification documentation is included.

Cary-Grove Crystal Lake Central Crystal Lake South Haber Oaks Prairie Ridge

Community High School District 155 accepts fee waiver applications from parents/guardians who, due to financial hardship, do not feel that they can afford to pay their child(ren)'s registration fees pursuant to the Illinois Statutes, ch. 122, para.10-20.13 (**note:** fee waiver does not apply to yearbooks, activity tickets, or Booster items). This application is independent from District 155's process for determining a student's eligibility for free or reduced price meals through the National School Lunch Program (NSLP). The NSLP's federal income guidelines are included within this application.

Please complete this application and return it, along with the required income verification documentation, to the Student Services Office at your home high school. Please submit only one application per family.

Student(s) Name Name of Parent/Guardian of					_
Home Address				·	
City	State	Zip	Phone ()	
	ove lives in my household.				
	e living in my household: _				
3. Total gross annual inco	me from all people living ir	n my household (b	pefore deductions):	\$	
*Dividends or interest on *Unemployment compen *Public assistance or welf *Regular contributions fro *Government civilian emp *Other cash income (amo		estates or trusts hold ensions, or veterans pa	*Soc *Net *Priv *Alin ayments *Net	income from self-employment ial Security rental income vate pensions or annuities nony or child support payments royalties t accounts and other resources)	
If you answered "NO	federal income guidelines " to statements 1 or 4, plea	ase detail why you	u are applying for a	fee waiver:	
If you answered "NO	" to statements 1 or 4, plea	ase detail why you	u are applying for a	fee waiver:	
If you answered "NO verify your household incor *Two current pay stubs for *Unemployment statement *Direct Certification letter f	" to statements 1 or 4, plea Fee Wa me, you must present docu all working members of the house showing benefits rom the State of Illinois Needy Families (TANF) documenta	iver Income Veri inentation from	u are applying for a ification on of the following *Disability statem *Current tax retur *Foster placemen *Food stamp evid	fee waiver: g categories with your appl ent showing benefits rns t papers ence	
If you answered "NO verify your household incor *Two current pay stubs for *Unemployment statement *Direct Certification letter f *Temporary Assistance for	" to statements 1 or 4, plea Fee Wa me, you must present docu all working members of the house showing benefits rom the State of Illinois Needy Families (TANF) documenta o provide updated income v nformation to obtain a fee	iver Income Veri imentation from chold	u are applying for a ification on of the following *Disability statem *Current tax retur *Foster placemen *Food stamp evid nentation at any tir	fee waiver: g categories with your appl ent showing benefits rns t papers ence ne, but not more than once	e every 6
If you answered "NO verify your household incor *Two current pay stubs for *Unemployment statement *Direct Certification letter f *Temporary Assistance for bolicants may be requested to endar days. Supplying false i de herein are true and correct	" to statements 1 or 4, plea Fee Wa ne, you must present docu all working members of the house showing benefits rom the State of Illinois Needy Families (TANF) documenta o provide updated income v nformation to obtain a fee ect.	ase detail why you iver Income Veri umentation from werification docun waiver is a class 4	u are applying for a ification on of the following *Disability statem *Current tax retur *Foster placemen *Food stamp evid nentation at any tir I felony (720 ILCS 5,	fee waiver: g categories with your appl ent showing benefits rns t papers ence ne, but not more than once	e every (ements
If you answered "NO verify your household incor *Two current pay stubs for *Unemployment statement *Direct Certification letter f *Temporary Assistance for policants may be requested to endar days. Supplying false i	" to statements 1 or 4, plea Fee Wa me, you must present docu all working members of the house showing benefits rom the State of Illinois Needy Families (TANF) documenta o provide updated income v nformation to obtain a fee ect.	ase detail why you iver Income Veri imentation from ehold ation werification docun waiver is a class 4	ification on of the following *Disability statem *Current tax retur *Foster placemen *Food stamp evid nentation at any tir I felony (720 ILCS 5, Date	fee waiver: g categories with your appl ent showing benefits rns t papers ence me, but not more than once /17-6). I attest that the stat	e every (ements

Federal Income Eligibility Guidelines (Effective from July 1, 2020 to June 30, 2021)								
	Reduced-Price Meals (185% Federal Poverty Guideline)							
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly			
1	23,606	1,968	984	908	454			
2	31,864	2,658	1,329	1,227	614			
3	40,182	3,349	1,675	1,546	773			
4	48,470	4,040	2,020	1,865	933			
5	56,758	4,730	2,365	2,183	1,092			
6	65,046	5,421	2,711	2,502	1,251			
7	73,334	6,112	3,056	2,821	1,411			
8	81,622	6,802	3,401	3,140	1,570			
For each additional family member, add	8,288	691	346	319	160			