



Dear Parent or Guardian:

In accordance with *Board Policy 4:140 – Waiver of Student Fees*, Kinnikinnick CCCSD #131 will waive student registration fees for parents or guardians whose household income falls within specific guidelines and who can provide evidence of eligibility.

The fees the District may waive include but are not limited to: registration fees and field trip fees. Fees that are not waived include: lost or damaged books, yearbooks, locks, materials, supplies, and equipment.

To determine if your family is eligible for a waiver of student fees for the current school year, please complete the enclosed application form and return it **along with appropriate proof of income** (see page 2 of the *Application of Fee Waiver* form for instructions) to our office at:

Kinnikinnick School
District Office
5410 Pine Lane
Roscoe, IL 61073

Please note: In order to be eligible for a waiver of student registration fees, applications must be received **within thirty (30) days of the date your child(ren) enter(s) school for the current school year**. Fees will not be waived until the *Application for Fee Waiver* form is received, reviewed and approved. If approved, other fees incurred after the date this application is received by the District will be eligible for a fee waiver.

If you have any questions or need help completing the *Application of Fee Waiver* form, please call the District Office at 815-623-2837.

Sincerely,
Keli Freedlund
Superintendent

Enclosure

Supt/Registration/Fee Waiver App letter 2013.doc

FOR OFFICE USE
RESPONSE DUE BY:

Application For Fee Waiver

Complete one application form per household. In order to be eligible for a fee waiver, applications must be received ***within thirty (30) days of the date your child(ren) enter(s) school for the current school year.*** If approved, other fees incurred after the date this application is received by the District will be eligible for a fee waiver. See instructions for applying on page 2.

Part I- Student Information

Name of Child (Last name)	First name and middle initial	School Name	Grade

Part 2- SNAP or TANF Case Number

NOTE: The case number must be in the following format: ____-____-____-____-____-____-____-____
(Skip to Part 4 if you list a SNAP or TANF Case Number)

Part 3-Total Household Gross Income (before deductions) Fill in completely.

1. NAMES (list everyone who lives in the household)				2. GROSS INCOME and HOW OFTEN RECEIVED				3. Check if NO INCOME
Example: \$100/month; \$100/twice a week; \$100 every other week; \$100/week								
	Earnings from Work Gross Income (before deductions)	Welfare, child Support, Alimony	Pensions, Retirement, Social Security	Worker’s Comp. Unemployment, SSI, Etc. (All other incomes)				
	Amount How often?	Amount How often?	Amount How often?	Amount How often?	Amount How often?	Amount How often?	Amount How often?	
A.	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	
B.	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	
C.	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	
D.	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	
E.	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	

Part 4- Contact Information

Work Telephone Number Home Telephone Number Home Address (number, street, city, zip)

Part 5- Signature (Parent/Guardian must sign)

An adult household member must sign the application. Your signature below indicates your agreement with the following: **I certify all information on this application is true and all income is reported. The District has my permission to validate any information submitted.**

Printed Name of Adult Household Member Signature of Adult Household Member Date

FOR OFFICE USE ONLY Check conversion method used

Initial Determination: ___ Annual Income Conversion-Weekly x 52/ Every 2 weeks x 26 /Twice a Month X 24 /Once a Month x 12
 ___ Monthly Income Conversion- Weekly x 4.33 / Every 2 weeks x 2.15/ Twice a Month x 2

Total Income: \$ _____ Per: ___ Week ___ Every 2 weeks ___ Twice a Month ___ Month ___ Year

Fees Waived Based on: ___ SNAP or TANF OR ___ Household Income Approved at : 100%

Denied- Reason: ___ Income Too High OR ___ Incomplete Application OR ___ Invalid SNAP or TANF Number

Signature of Determining Official: _____ Date: _____

Instruction for Application of Fee Waiver

- If your household receives SANP (formerly food stamps) or TANF benefits, follow these instructions:
 - Part 1: List child(ren)'s name, school and grade
 - Part 2: List SNAP or TANF case number
 - Part 3: Skip
 - Part 4: Contact Information
 - Part 5: An adult household member must sign the form

Please attach documentation that shows you receive SANP or TANF benefits for your child
 _____ SNAP or TANF certification notice showing the dates of the certification period.
 _____ Letter from SNAP or welfare office stating you receive SANP or TANF.

- **If your household does not receive SNAP or TANF benefits, follow these instructions:**
 - Part 1: List child(ren)'s name, school and grade
 - Part 2: Skip
 - Part 3: Follow these instruction to report total household income:
 - **Section 1- Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, your spouse, and all children living with you. Attach another sheet of paper if necessary.
 - **Section 2- Gross income last month and how often received:** next to each person's name, list each type of income received last month and how often it is received. For example, *Earnings from Work* (Column 1) list the **gross income** each person earned from work. This is no the same as take home pay. **Gross Income is the amount earned before taxed and other deductions.** The amount should be listed on your pay stub. Next to the amount, indicate how often the person receives it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person received from welfare, child support, or alimony (Column 2); Pensions, retirement, social security (Column 3); and all other income sources (Column 4) such as workers compensation, unemployment strike benefits, Supplemental Security Income (SSI), Veteran's Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and any other income. Next to the amount, write how often the person receives it. Report net income for self owned businesses, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
 - **Section 3- Check if no income:** If the person does not have any income, check here.
 - **Section 4- Contact Information:** Provide work and home telephone numbers, and address of residence.
 - **Section 5- Signature:** An adult household member must sign and date the form.

Please attach documentation that shows your household's current income

The documentation you send in must show: (1) the amount of income received; (2) the name of the person who received it; (3) the date the income was received; and (4) how often the income is received. Please submit copies of the following documents, as necessary: **ONE CURRENT MONTH OF PROOF OF INCOME MUST BE SUBMITTED**

_____ **Earnings/Wages/Salary for each job:** Payroll stub (s) that shows earnings for the most recent month and how often pay is received, current pay envelope that shows how often it is received, or letter from employer stating gross wages and how often they are paid or business or farming papers, such a ledger or tax books.

_____ **Social Security/Pensions/Retirement:** Social Security retirement benefit letter or statement of benefits received or pension award notice.

_____ **Unemployment compensation/disability or worker's compensation:** Notice of eligibility from Sate employment security office or check stub or letter from worker's compensation.

_____ **Welfare Payments:** Benefit letter from welfare agency.

_____ **Child Support/Alimony:** Court decree or agreement or copies of checks received.

_____ **All other Income:** If you have other forms of income (such as rental income), send information or papers that show the amount of income received, how often it is received, and the date received.

_____ **No Income:** If you have no income, send a letter explaining how you provide food, clothing, and housing for your household, and when you expect an income.

To determine if your family is eligible for a waiver of student fees for the current school year, please complete the application form and return it **along with appropriate proof of income** to our office at:

Kinnikinnick CCSD #131, Attn: District Office, 5410 Pine Lane, Roscoe, IL 61073