

**Application Form of Waiver of Registration Fees – Confidential
Winnebago Community Unit School District #323**

Instructions for Application of Waiver of Fees

- The application for a school fee waiver is separate from the District policy for determining eligibility for free and reduced meals. Those who have approved fee waiver applications will receive more information on how to apply for free or reduced lunches after August 1st.
- Only one application per family
- Waiver good only for the school year in which application approval is granted
- Applicants are responsible for all fees incurred in school years prior to approval
- **Complete and return the application and supporting documents to the Winnebago School District Office – 304 E McNair Road, Winnebago IL 61088**

Fees for textbooks, basic instructional materials, driver education and other instructional fees are waived for students who meet eligibility criteria for a fee waiver as described in Policy 4:140. Other Optional Fees will not be waived.

Please print:

Name of Child in Household	School the Child Attends	Parent/Guardian's Name
1.	SIM MCN WMS WHS	
2.	SIM MCN WMS WHS	
3.	SIM MCN WMS WHS	
4.	SIM MCN WMS WHS	
5.	SIM MCN WMS WHS	
6.	SIM MCN WMS WHS	

Please list all adult members in the household	
1.	3.
2.	4.
	5.

If your family has a SNAP or TANF Case number, you will automatically qualify for waiver of school fees:

If your family is currently receiving aid under Article IV of the Illinois Public Aid Code, with the following case numbers: SNAP - Supplemental Nutrition Assistance Program - or TANF - Temporary Assistance for Needy Families. Case numbers will begin with – 04, 06, 08, 91, 92, 93, 94, or 96. Case numbers on medical cards are NOT usable for this process.

A COPY OF A STATE ISSUED DOCUMENT SHOWING THE CASE NUMBER MUST BE ATTACHED TO THIS APPLICATION.

- OR -

If you do not automatically qualify, you may apply for a waiver if you have special circumstances:

Your income level qualifies or you have special circumstances. The District Office may grant a waiver of fees when one or more of the following factors resulted in loss or reduction of family income: (a) illness in the family; (b) unusual expenses caused by fire, flood, storm, etc.; (c) seasonal employment; (d) emergency situation; or (e) one or more parent/guardian is involved in work stoppage.

A COPY OF THE MOST CURRENT IRS FEDERAL 1040, 1040A, OR 1040EZ MUST BE ATTACHED TO THIS APPLICATION. IF HOUSEHOLD MEMBERS FILE SEPARATE TAX RETURNS, COPIES OF ALL TAX RETURNS MUST BE SUBMITTED.

If your current income is different than that reflected on the IRS Federal 1040, please include current income information for each household member listing source of income such as: wages, alimony, pension, worker's compensation, unemployment payments, etc., and the frequency in which the income is received – weekly, every two weeks, monthly, or annually.

I am unable to afford the fees due to the following reason(s):

Check here:

_____ **I have attached the necessary supporting documents.**

Certification:

I certify that all information contained on this application is true and correct and that all household income has been reported. I understand that school officials may verify all of the information contained on this application and all information submitted with this application. I have reviewed the District's policy regarding Application of Waiver of Fees and I am aware that supplying false information to obtain a fee waiver is a Class 4 felony pursuant to 720 ILCS 5/17-6.

_____ Signed Name of Parent or Guardian	_____ Date	_____ Printed Name of Parent or Guardian
_____ Street Address		_____ Primary Phone Number
_____ City, State, Zip		_____ Other Phone Number

For Office Use Only:	
Your application has been processed, and your request to have fees waived is:	
<input type="checkbox"/> Approved:	<input type="checkbox"/> 100% <input type="checkbox"/> 50%
<input type="checkbox"/> Denied:	<input type="checkbox"/> Income exceeds eligibility
<input type="checkbox"/> Incomplete – need the following information:	_____
Date Processed:	_____
By:	_____