

DISTRICT 45

NAVIGATING A DYNAMIC WORLD

APPLICATION FOR FREE OR REDUCED SCHOOL REGISTRATION FEES

1. Total Number of Household Members: _____

2. Address: _____

3. Names of all District 45 Students	School Name	Birth Date	SNAP or TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number	Check if foster child

Complete One Application Per Household

4. Total HOUSEHOLD Gross Income (BEFORE DEDUCTIONS) Attach most current paystubs or most recent FEDERAL Income Tax Return

EVIDENCE OF INCOME MUST BE INCLUDED TO BE CONSIDERED FOR WAIVER
GROSS INCOME AND HOW OFTEN IT IS RECEIVED (monthly, twice a month, biweekly, weekly)

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	Earnings from Work		Welfare/Child Support/Alimony		Worker's Comp/Unemployment/SSI	
	Amount	How Often	Amount	How Often	Amount	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

5. I certify all information on this application is true and all income is reported. I am aware that school officials may verify the information. I understand that purposely supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6) and I may be prosecuted and my child(ren) may lose all benefits.

Printed Name

Signature

Date

For Business Office Use Only:			
_____ Approved	_____ Reason	_____ Date	_____ Initials
_____ Denied	_____ Reason	_____ Date	_____ Initials