

# DISTRICT 45

RESPONSIBLE. RESILIENT. READY TO EXCEL.

## APPLICATION FOR FREE OR REDUCED SCHOOL REGISTRATION FEES

Complete One Application Per Household

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 5 if you list a SNAP or TANF case number	Check if foster child

4. **Total HOUSEHOLD Gross Income (BEFORE DEDUCTIONS)** Attach most current pay stubs AND 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 AND THEIR INCOME)	Earnings from Work		Welfare/Child Support/Alimony		Worker's Comp/Disability/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

<b>For Business Office Use Only:</b>			
Approved	Reason	Date	Initials
Denied	Reason	Date	Initials