DISTRICT 45

RESPONSIBLE. RESILIENT. READY TO EXCEL.

APPLICATION FOR FREE SCHOOL REGISTRATION FEES

Complete One Application Per Household

TOTAL NUMBER OF HOUSEHOLD MEMBERS: _____

ADDRESS: _____

NAMES OF ALL DISTRICT 45 STUDENTS	SCHOOL NAME	BIRTH DATE	SNAP OR TANF CASE NUMBER	CHECK IF FOSTER CHILD

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
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

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: _____

OFFICE USE ONLY:			
APPROVED _____	REASON _____	DATE _____	INITIALS _____
DENIED _____	REASON _____	DATE _____	INITIALS _____

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