

ANTIOCH COMMUNITY CONSOLIDATED SCHOOL DISTRICT #34  
APPLICATION FOR WAIVER OF FEES 2020-21

*This application for a school fee waiver is completely independent from the District process for determining eligibility for free meals. The information must be provided for your application to be considered. Submit completed application and income verification documents to the Building Principal.*

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Address (please print)

1. The student named above lives in my household? ☐ Yes ☐ No
2. Total number of people living in my home \_\_\_\_\_  
Number of adults: \_\_\_\_\_  
Number of minors: \_\_\_\_\_
3. Total gross annual household income (before deductions) from all people living in my home  
\$ \_\_\_\_\_

The above number must include all:

Compensation for services, wages, salary, commissions or fees;  
Net income from self-employment;  
Social Security;  
Dividends or interest on savings or bonds or income from estates or trusts;  
Net rental income;  
Public assistance or welfare payments;  
Unemployment compensation;  
Government civilian employee or military retirement, or pensions or veterans payments;  
Private pensions or annuities;  
Alimony or child support payments;  
Regular contributions from persons not living in the household;  
Net royalties; and  
Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).

4. My household meets the federal income guidelines for free meals (attached)?

☐ Yes ☐ No ☐ N/A

See [www.isbe.net/Pages/SY-2016-2017-School-Based-Child-Nutrition-Programs.aspx](http://www.isbe.net/Pages/SY-2016-2017-School-Based-Child-Nutrition-Programs.aspx).

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If you answered "No" to any of the previous questions, please indicate the reason(s) you are applying for a waiver of school fees.

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Income Verification for Fee Waiver

You must present documents to verify income. Such documents may include, but are not limited to:

- |  |                              |
|--|------------------------------|
| Two pay stubs for each working member of household     | Disability benefit statement |
| Unemployment statement showing benefits                | Current tax returns          |
| Medicaid Card showing case number                      | Foster placement papers      |
| Direct Certification letter from the State of Illinois | Food Stamp Evidence          |
| Temporary Food assistance for needy families           |                              |

You may be requested to provide updated income verification at any time, but no more often than once every 60 calendar days.

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

I attest that the statements made herein are true and correct.

\_\_\_\_\_  
Parent/Guardian (*signature*)

\_\_\_\_\_  
Date

Completed forms may be submitted to the school office or mailed to Antioch School District 34 District Office at 964 Spafford Street, Antioch, IL 60002.

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**FOR OFFICE USE ONLY**

|                                 |          |         |
|---------------------------------|----------|---------|
| Electronic Direct Certification | Yes_____ | No_____ |
| Qualify for Free Lunch          | Yes_____ | No_____ |
| Qualify for Reduced Lunch       | Yes_____ | No_____ |
| Waiver Approved                 | Yes_____ | No_____ |
| Waiver Approved for 75% fees    | Yes_____ | No_____ |

Reason(s) for Denial \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Parents notified of  
approval/denial: \_\_\_\_\_  
Date

Parents notified of fees due under reduced - 75% fees: \_\_\_\_\_  
Date

**APPEAL**

Date: \_\_\_\_\_

Disposition of Appeal Parents Notified: \_\_\_\_\_

\_\_\_\_\_  
Signature Date