

**Woodland Community Consolidated School District #50
1105 N. Hunt Club Road
Gurnee, IL 60031**

Learning ... to find Solutions

Dear Parent/Guardian,

When applying for a Waiver of Registration Fees, please attach one of the following items to your completed application.

- Most recent W-2
- Most recent tax return
- Last two check stubs
- Letter from employer indicating annual income
- Benefit letter from a welfare agency indicating:

TANF#

Food Stamp #

Without one of the above your application will be denied. After completion of the application please forward your application to one of your children's principals. Only one fee waiver is required per family.

Upon receipt of your application, the principal will review and respond to you within 10 days.

**WOODLAND SCHOOL DISTRICT #50
APPLICATION FOR WAIVER OF REGISTRATION FEES (2009-10)**

Name of Student:	Grade:	Building:
Name of Student:	Grade:	Building:
Name of Student:	Grade:	Building:
Name of Student:	Grade:	Building:
Name of Student:	Grade:	Building:

Total Number of Household Members: _____

_____ The above-named student is from a household whose gross income is at or below the levels shown below or currently eligible for free meals pursuant to 105 ILCS 125/1 et seq. [Ill. Rev. Stat., ch.122, Paragraph 712.1 et.seq.];

<u>FAMILY SIZE</u>	<u>ANNUAL INCOME</u>	<u>MONTHLY INCOME</u>	<u>WEEKLY INCOME</u>
1	\$14,079	\$1,174	\$271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
EACH ADDITIONAL FAMILY MEMBER	+4,862	+406	+94

_____ There are other reasons why I am unable to afford the fees. They are: (Specify)

I have reviewed the District's policy and am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6 [Ill. Rev. Stat., ch. 38, Paragraph 17-6]). I attest that the statements made herein are true and correct.

(Print name of Parent/Guardian)

(Address)

(Signature of Parent/Guardian)

(Date)

Office Use	_____	Date Application Received
	_____	Date Written Evidence Received
	_____	Fee Waiver Granted/Denied (Circle One)
		_____ (Initials)