

For all students enrolling in the District for the first time, the District will waive school fees for persons unable to afford them in accordance with policy 4:140, *Waiver of Student Fees*.

Exhibit - Application for Fee Waiver

The 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. Parents/Guardians must submit completed application and income verification documents to the Building Principal.

(Registration Fees include costs associated with field trip entry, technology fees, workbooks, textbooks, classroom supplies, assignment notebooks, intramurals, Middle School yearbooks, clubs and co-curricular activities.)

Parents/Guardians applying for a Waiver of Registration Fees must complete the following application and **attach one of the following items** to the completed application.

- Most recent W-2
- Most recent tax return
- Last **two** check stubs
- Letter from employer indicating annual income
- Direct Certification letter if you received one from Woodland District Office
- Benefit letter from a welfare agency indicating *SNAP* or *TANF Case Id number*
Medical and/or Link cards are NOT acceptable for income or welfare status verification.

Without one of the above applications will be denied. Completed applications should be sent to the principal of the school the student attends. Only one fee waiver per family is required.

Upon receipt, the principal will review and respond within 30 days.

WOODLAND SCHOOL DISTRICT #50		
APPLICATION FOR WAIVER OF REGISTRATION FEES (2021-2022)		

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 student(s) named above lives in my household? _____

_____ The above-named student (or student's family) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children, AFDC) and evidence of participation is enclosed;

_____ 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.];

The table below will be updated annually:

<u>FAMILY SIZE</u>	<u>ANNUAL INCOME</u>	<u>MONTHLY INCOME</u>	<u>WEEKLY INCOME</u>
1			
2			
3			
4			
5			
6			
7			
8			
EACH ADDITIONAL			
FAMILY MEMBER			

____ (Y/N) 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., chap. 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)

APPROVED: May 27, 2010

REVISED: August 26, 2010
 March 8, 2021
 February 7, 2022