



**ANTIOCH CCSD #34**  
**School Fee Waiver Application**  
**2024-2025**

*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 school office or mailed to Antioch C.C.S.D. 34, 964 Spafford Street, Antioch, IL 60002.***

_____ Student's Name <i>(please print)</i>	_____ School
_____ Student's Name <i>(please print)</i>	_____ School
_____ Student's Name <i>(please print)</i>	_____ School
_____ Student's Name <i>(please print)</i>	_____ 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 \_\_\_\_\_ # of adults: \_\_\_\_ # 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from persons not living in the household; net royalties; and other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources).



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Please include the following supporting documents to be considered for the fee waiver:

- **Copy of prior year filed Federal tax returns showing students as dependents. - AND**
- **Copies of the 2 most recent pay stubs for each working member of household- OR the following:**
  - Disability benefit statement
  - Unemployment statement showing benefits
  - 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 per academic year.

Supplying false information to obtain a fee and fine waiver is a Class 4 felony, except when more than \$300 is obtained, in which case State benefits fraud is a Class 3 felony (720 ILCS 5/17-6).

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

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Parent/Guardian (*signature*)

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Date

Completed forms and income verification must be submitted to the school office or mailed to **Antioch School District 34 District Office at 964 Spafford Street, Antioch, IL 60002 to the attention of District Bookkeeper.**