

ANTIOCH COMMUNITY CONSOLIDATED SCHOOL DISTRICT #34  
APPLICATION FOR WAIVER OF FEES 2019-20

**PART 1: Children in District 34**

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Please list all students in the household attending District 34.

<u>Student Name</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART 2: Reason for Request (select one)**

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I, the undersigned parent/guardian hereby, request that the Board of Education of Antioch School District 34 waive fees because:

\_\_\_\_\_ I have applied/received approval for free lunch. The above-named student(s) is from a household whose gross income is under that set in the federal guidelines for free lunch. **Skip to Part 4.**

\_\_\_\_\_ I have applied/received approval for reduced lunch. The above named student(s) is from a household whose gross income is under that set in the federal guidelines for reduced-price lunch. *The students that qualify for reduced-price lunch will have a reduction in fees owed.* **Skip to Part 4.**

\_\_\_\_\_ The student(s) are Foster children. Indicate only Foster children's income in **Part 3.**

\_\_\_\_\_ The student(s) are receiving public aid (TANF-Temporary Assistance to Needy Families). Attached is the TANF case number or evidence of participation in TANF. **Skip to Part 4.**

\_\_\_\_\_ The student(s) are receiving Food Stamps. Attached is the Food Stamp case number(s) or certificate(s). **Skip to Part 4.**

\_\_\_\_\_ There are other reasons why I am unable to afford the fee. Attached is documentation. **Complete Part 3.**

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**PART 3: Income Information**

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If you do not have a food stamp or TANF case number list all household members and their monthly income, if applicable (child support, welfare payments, alimony, pensions, retirement, social security, worker's compensation, strike benefits, unemployment benefits) below. You may need to provide verification of your income.

<u>Household Members</u>	<u>Monthly Income</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*If your income should change during the year or if you are subject to verification and your status changes, your waiver will be re-evaluated.*

**PART 4: Parent/Guardian Signature**

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I am aware that providing false information to obtain a fee waiver is a felony under Illinois Law.

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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