

Dr. Michael J. Byrne
Superintendent



Julia L. Mikulich
Assistant Superintendent

Jill A. Wojack
*Assistant Superintendent of
Special Services*

Michael L. Andreshak
*Assistant Superintendent
of Finance*

KIRBY SCHOOL DISTRICT 140

To: Parent or Guardian

From: Michael L. Andreshak
Assistant Superintendent of Finance

Re: Request for Fee Waiver

Date: July 2011

If you wish to apply for a fee waiver, please fill out the attached **Fee Waiver Request form** and **Application for Waiver of School Fees** and attach the following documents to your application.

If you are receiving SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families), attach one of the following:

1. Copy of a current letter from the Department of Human Services that states the student is receiving SNAP or TANF.
2. Copy of current medical card, **which may or may not qualify** the student.

If the child is a Foster Child attach the following:

1. Official documentation from the agency sponsoring the child.

If you do not get SNAP or TANF for your children, attach the following:

1. Current Income Tax Return
2. Papers showing the amount of money your household gets from each source of income (paycheck stubs, Social Security, pensions, unemployment, disability, Workers' Compensation, welfare payments, child support, alimony and rental income) for each person in the household receiving income.

If you claim no income, you must attach the following:

1. A note explaining how you provide food, clothing and housing for your household and when you expect an income.

You will be notified if your child(ren) is approved or denied a fee waiver.

KIRBY SCHOOL DISTRICT 140
Tinley Park, IL 60477

FEE WAIVER REQUEST

Date: _____

I am unable to pay the student fees at this time.

I request that the student fees be waived for the following students:

Student's name	School	Grade	<i>For School Use Only – Do not fill out Fees</i>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total Fees			\$

Please note: This does not apply to the Free Milk/Lunch Program.

Parent's Signature

<i>For School Use Only – Do Not Fill Out</i>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	___ <i>income over eligibility guidelines</i> ___ <i>incomplete application</i>
_____ <i>Assistant Superintendent of Finance's Signature</i>	_____ <i>Date</i>

APPLICATION FOR WAIVER OF SCHOOL FEES

1. Print Student Information:

CONFIDENTIAL

<u>Student Name</u>	<u>Grade</u>	<u>School</u>	<u>SNAP Number</u>	<u>TANF Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Foster Children

List the child's monthly personal use income.
Write "0" if the child has no personal use income.

3. Household Members and Monthly Income:

<u>Names of Household Members</u>	<u>Gross Monthly Earnings</u>	<u>Monthly Welfare Payments, Child Support, Alimony</u>	<u>Monthly Payments from Pensions, Social Security, Unemployment, Workers' Compensation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Total Annual Income: Attach copy of current Income Tax Return, W-2 and/or 1099 forms.

5. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported.

Signature of Adult Household Member

Social Security Number

6. Printed Name of Person Signing Application:

Date

Work Phone #

Home Phone #

Home Address