

MARENGO COMMUNITY HIGH SCHOOL (MCHS)
2021-2022 Instructions for Application for Waiver of School Fees

Please carefully read these instructions in full prior to completing the Application for Waiver of School Fees.

Complete the Application for Waiver of School Fees if any of the following conditions apply:

1. You are currently receiving aid under: Article IV of the Illinois Public Aid Code and/or are eligible for free meals pursuant to 105ILCS 125/1 et seq. (SNAP or TANF). You must show current Public Aid/SNAP or TANF paperwork that has the case numbers, eligibility dates and students name listed.
You do not need to complete this application if you received a direct certification letter from MCHS.
2. Your income qualifies: MCHS will waive school fees if a parent or guardian meets the current school year income requirements for free meals (100% waiver) or reduced price meals (50% waiver) as annually published by the U.S. Department of Agriculture. Incomes above the amounts shown on the Income Eligibility Guidelines will not qualify for a fee waiver.
3. You have special circumstances: The District office may grant a waiver of fees when one or more of the following factors resulted in the loss or reduction of family income: (a) illness in the family; (b) unusual expenses caused by fire, flood, storm, etc.; (c) seasonal employment; (d) emergency situation; or (e) one or more parent/guardian is involved in a work stoppage.

The following proof of income for all adult household members is required in order to process the request to waive school fees. If income is not included the request will not be considered.

- Two current pay stubs for all working members of the household
- Unemployment statement showing benefits
- Medicaid Card showing case number
- Direct Certification letter from the State of Illinois
- Temporary Food assistance for needy families
- Disability statement showing benefits
- Foster placement papers
- Food Stamp Evidence
- A copy of the 2020 IRS Federal 1040, 1040A or 1040EZ. If household members file separate tax return, copies of all returns must be submitted.
- Name of all household members, including the student(s) and the school(s) they attend.
- Signature of adult household member.
- If your current income is different than that reflected on your tax return(s) please include current income information for each household member listing source of income (such as wages, alimony, pension, worker's compensation, etc.) and the frequency in which the income is received (weekly, every other week, monthly, or annually), including unemployment payments.

Only one application is needed per household provided all current students are listed on the application. A new Waiver of School Fees Application must be submitted at the beginning of each school year.

Please return waiver & supporting evidence to:
Marengo Community High School (District Office) 110 Franks Rd. Marengo, IL 60152

Incomplete applications will not be processed.

2021-2022 APPLICATION FOR WAIVER OF SCHOOL FEES

If this Fee Waiver Application is returned and **approved** by the District Office on or before July 30, 2020, your student will receive **FREE ADMISSION** to all home athletic events (exclusive of IHSA Postseason Play)

This application for a school fee waiver is entirely 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 District Office.

Name(s) of all adults in household	Name(s) of all children in household	Attending School & Grade
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

I, _____, being the parent or legal guardian of the student(s) listed above, hereby request that Marengo Community High School District #154 waive school fees for the 2020-2021 school year. I am requesting the waiver of fees for the following reason: **(You must include evidence for all that apply)**

- ___ The student(s) is eligible pursuant to 105 ILCS 125/1 et.seq.
- ___ The student(s) is currently receiving aid under Art IV of the Illinois Public Aid Code
- ___ Household income falls within the Federal Income Guidelines
- ___ I am unable to afford the fees due to the following reason(s): _____

Certification:

I certify that all information contained on this application is true and correct and that all household income has been reported. I understand that school officials may verify all of the information contained on this application and all information submitted with this application. I have reviewed the District's policy regarding Waiver of Student Fees and I am aware that supplying false information to obtain a fee waiver is a Class 4 felony pursuant to 720 ILCS 5/17-6.

_____/_____
Signed Name of Parent/Guardian Date

Street Address

City, State, Zip

Printed Name of Parent/Guardian

Home Phone Number

_____/_____
Cell Phone Number / Work Phone Number