

Westville School District Student Fee Waiver Application

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign, and return this application to a Westville School District school office.

1. All Household Members

List Names of All Household Members	Circle School	Grade	SNAP or TANF Case Number (if any, for each household members) Skip to part 4 if you list a SNAP/TANF #	Check if No Income	Check if Foster
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	Giacoma WJHS WHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start

Homeless
 Migrant
 Runaway
 Head Start

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

List All Household Members With Income	Income from Work (Before Deductions)		Welfare, Child Support, Alimony		Pension, Retirement Social Security		Work Comp Unemployment SSI, etc. (All other income)	
	Amount	Frequency	Amount	Frequency	Amount	Frequency	Amount	Frequency
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

4. Signature

Date _____ Printed Name _____ Signature _____

SCHOOL USE ONLY

Initial Determination: Annual Income Conversion
 Weekly X 52
 Every 2 Weeks X 26
 Twice a Month X 24
 Once a Month X 12
 Convert income only if different frequencies reported

Total Income \$ _____ Per Week
 Every 2 Weeks
 Twice a Month
 Month
 Year
 Change in Status _____

Currently receive benefits based on: _____ Date _____

- Homeless SNAP or TANF
 Migrant Foster Child
 Runaway Household's Income
 Head Start Household on Direct Certified List
- Signature of Determining Official _____ Date _____

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefit programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: In accordance with Federal Law and US Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write the US Department of Education, Office of Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8451 (voice). Individuals who are hearing impaired or have speech disabilities may contact US DOE through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). The US Department of Education is an equal opportunity provider and employer.