

Grayslake Community High School District 127

400 N. Lake Street Grayslake, IL 60030 P: 847.986.3400 F: 847.231.6838 www.d127.org

Dear Parent or Guardian:

Grayslake Community High School District 127 waives fees for parents or guardians unable to afford them in accordance with the district policy and procedures. If your household income meets the district's guidelines and you provide evidence of eligibility, your child(ren)'s fees will be waived. In addition, if your household is a part of the TANF program and has been approved to receive free or reduced lunch, your child(ren)'s fees will also be reduced or waived and there is no need to complete this application.

The fees the district will waive include but are not limited to registration fees, course fees, summer school fees and athletic fees. Fees that are not included are lost and damaged books, yearbooks, locks, materials, supplies and equipment.

Please prov	ide the following forms for all wage earners in your household:
	Copy of two (2) current pay stubs for all family member(s) – REQUIRED
	Copy of most recent Federal Income Tax Form 1040 and W2 forms-REQUIRED
	Copy of any additional income such as Unemployment, Child Support/Alimony Social Security, Pension, Retirement – REQUIRED
	Any other income in household including Child Tax Credit and Earned Income Credit - REQUIRED
If possible,	do not send original papers. If you do send original papers, they will be sent back to

If possible, do not send original papers. If you do send original papers, they will be sent back to you only if you ask.

If you have any questions or if you need any help completing the fee waiver application, please call Cindy Jensen in the Business Services Office at 847-986-3457 or cjensen@d127.org.

Sincerely,

Abe Singh, Ed.D.

Associate Superintendent for Business Services

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

Application for Fee Waiver Complete One Application per Household

Part 1. Student Info	<u> </u>		- 11	1							
Names of Child(ren) (First, Middle Initial, Last)	School Name (GCHS or GNHS)				(Grade Student ID (SCHOOL USE ONLY)					
(11st, Widdle Illitat, East)					·	Grade Student ID (SCHOOL USE ONLY)					
	1				<u>.</u>						
	1				<u>-</u>						
					I	l .					
<u>Part 2.</u> Food Stamp or TA Note: The case # must be in the following to		* **_	_ ****		40						
Part 3. Total Household G	Gross Income	e (befor	e dedi					stamp or TANF Case #			
1. NAMES	2. GROSS INCOME AND HOW OFTEN RECEIVED Example: \$100/month; \$100/twice a month; \$100/every other week; \$100/week								3. Check i		
(LIST EVERYONE IN HOUSEHOLD)	Earnings from Wo Income (Before Deduc	Welfar	Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All Other Income)				
A.	Amount How	Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?			
В.	Amount How	Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?			
C.	Amount How	Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?			
D.	Amount How	Often?	Amount .	How Often?	Amount	How Often?	Amount	How Often?			
E.	Amount How	Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?			
	\$ /		\$	1	\$	1	\$	/			
has my permission to validate any informat Falsifying Information: Parent/Guardian at ILCS 5/17.6. If the amount of benefit obta	re advised that supp				ee waiver is	a Class 4 felony	under Illin	ois complied stati	utes 7-20		
Date Prin	Printed Name of Adult Household Member						Signature of Adult Household Member				
Contact Telephone Number (Include a	rea code)		Hom	e Address (nu	mber, stree	et, city, zip cod	le)				
Parent Email Address (a valid email ad	ddress that we ma	y contact	for addit	tional informat	tion)						
If Applicable: Special Circumstances or other. Please explain circumstance								to a member of	f the family		
School Use Only-											
Initial Determination Total Income: \$	Per:	☐ Week	☐ Eve	ery 2 weeks	Twice a Mo	_	r in Househo				
	mp or TANF O	r 📮	Househ	nold's Income	OR						
Signature of Determining Official				- 	Date		Approved at	: 100% OR 50)%		