

## 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	Select School	Select 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
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

### 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.