



Huntley Community School District 158

650 Dr. John Burkey Drive
Algonquin, Illinois 60102
(847) 659-6158 • www.huntley158.org

Dear Parent or Guardian:

In accordance with *Board Policy 4:140 – Waiver of Student Fees*, Huntley Community School District 158 will waive student registration fees for parents or guardians whose household income falls within specific guidelines and who can provide evidence of eligibility.

The fees the District may waive include but are not limited to: registration fees, textbooks, other instructional materials, and driver education. Fees are not waived for student participation in extracurricular* activities, athletics, and clubs, students choosing to attend summer school whereby no recommendation to attend has been made by the District, or other optional fees including, but not limited to: student photos, class rings, parking permits, yearbooks, travel for recreational activities, and admission to social events such as school sponsored dances, performances, IHSA athletic tournaments, etc.

* *Extracurricular activities, athletics, and clubs are those officially approved and organized student activities held outside normal school hours that carry no academic credit.*

To determine if your family is eligible for a waiver of student fees for the current school year, please complete the enclosed application form and return it **along with appropriate proof of income** (see page 2 of the *Application of Fee Waiver* form for instructions) to our office at:

Huntley Community School District 158
Attn: Fee Waiver Department
650 Dr. John Burkey Drive
Algonquin, IL 60102

Please note: In order to be eligible for a waiver of student registration fees, applications must be received within thirty (30) days of the date your child(ren) enter(s) school for the current school year. Fees will not be waived until the *Application for Fee Waiver* form is received, reviewed and approved. If approved, other fees incurred after the date this application is received by the District will be eligible for a fee waiver.

If you have any questions or need help completing the *Application of Fee Waiver* form, please contact Richard Reed at (847) 659-6154.

Sincerely,

Mark Altmayer
Chief Financial Officer

Enclosure
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FOR OFFICE USE**Response Due By:**

Application for Fee Waiver

Fiscal Services

Complete one application form per household. In order to be eligible for a fee waiver, applications must be received ***within thirty (30) days of the date your child(ren) enter(s) school for the current school year***. If approved, other fees incurred after the date this application is received by the District will be eligible for a fee waiver. See instructions for applying on page 2.

Part 1 – Student Information

Name of Child (First, Middle Initial, Last)	School Name	Grade	Student ID (OFFICE USE ONLY)

Part 2 – SNAP or TANF Case Number

(Skip to Part 4 if you list a SNAP or TANF Case Number)

Part 3 – Total Household Gross Income (before deductions) You must tell us how much

1. NAMES (List everyone who lives in the household)	2. GROSS INCOME and HOW OFTEN RECEIVED Example: \$100/month; \$100/twice a week; \$100/every other week; \$100/week								
	Earnings from Work Gross Income (before deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSDI, etc. (All Other Income)		3. Check if NO INCOME
A.	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	<input type="checkbox"/>
B.	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	<input type="checkbox"/>
C.	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	<input type="checkbox"/>
D.	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	<input type="checkbox"/>
E.	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	Amount \$	How Often? /	<input type="checkbox"/>

Part 4 – Contact Information

Work Telephone Number

Home Telephone Number

Home Address (number, street, city, zip)

Part 5 – Signature (Parent/Guardian must sign)

An adult household member must sign the application. Your signature below indicates your agreement with the following: **I certify all information on this application is true and all income is reported. The District has my permission to validate any information submitted.**

Printed Name of Adult Household Member

Signature of Adult Household Member

Date

FOR OFFICE USE ONLY

Check conversion method used

Initial Determination: ☐ Annual Income Conversion – Weekly x 52 / Every 2 weeks x 26 / Twice a Month x 24 / Once a Month x 12
☐ Monthly Income Conversion – Weekly x 4.33 / Every 2 weeks x 2.15 / Twice a Month x 2

Total Income: \$ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ YearFees Waived Based On: ☐ SNAP or TANF OR ☐ Household Income Approved at: 100% or 50%Denied – Reason ☐ Income Too High OR ☐ Incomplete Application OR ☐ Invalid SNAP or TANF Number

Signature of Determining Official: _____

Date: _____

EXPIRES: June 30, 2024

Instructions for Applying

♦ **If your household receives SNAP (formerly food stamps) or TANF benefits, follow these instructions:**

- Part 1:** List child(ren)'s name, school and grade
Part 2: List SNAP or TANF case number
Part 3: Skip
Part 4: Contact information
Part 5: An adult household member must sign the form

Please attach documentation that shows you receive SNAP or TANF benefits for your child

- ☐ **SNAP or TANF certification notice showing the dates of the certification period.**
- ☐ **Letter from the SNAP or welfare office stating you receive SNAP or TANF.**

♦ **If your household does not receive SNAP or TANF benefits, follow these instructions:**

- Part 1:** List child(ren)'s name, school and grade
Part 2: Skip
Part 3: Follow these instructions to report total household income:
- **Section 1 - Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, your spouse, and all children living with you. Attach another sheet of paper if necessary.
 - **Section 2 – Gross income last month and how often received:** Next to each person's name, list each type of income received last month and how often it is received. For example, in *Earnings from Work* (Column 1) list the **gross income** each person earned from work. This is not the same as take home pay. **Gross Income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub. Next to the amount, indicate how often the person receives it (weekly, every other week, twice a month, or monthly). **All other income:** List the amount each person received from welfare, child support, or alimony (Column 2); Pensions, retirement, social security (Column 3); and all other income sources (Column 4) such as workers compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and any other income. Next to the amount, write how often the person receives it. Report net income for self-owned businesses, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
 - **Section 3 – Check if no income:** If the person does not have any income, check the box.
 - **Section 4 – Contact information:** Provide work and home telephone numbers, and address of residence.
 - **Section 5 – Signature:** An adult household member must sign and date the form.

Please attach documentation that shows your household's current income

The documentation you send in must show: (1) the amount of income received; (2) the name of the person who received it; (3) the date the income was received; and (4) how often the income is received. Please submit copies of the following documents, as necessary: **ONE CURRENT MONTH OF PROOF OF INCOME MUST BE SUBMITTED**

- ☐ **Earnings/Wages/Salary for each job:** Payroll stub(s) that shows earnings for the most recent month and how often pay is received, current pay envelope that shows how often it is received, or letter from employer stating gross wages and how often they are paid or business or farming papers, such as ledger or tax books.
- ☐ **Social Security/Pensions/Retirement:** Social Security retirement benefit letter or statement of benefits received or pension award notice.
- ☐ **Unemployment compensation/disability or worker's compensation:** Notice of eligibility from State employment security office or check stub or letter from worker's compensation.
- ☐ **Welfare Payments:** Benefit letter from welfare agency.
- ☐ **Child Support/Alimony:** Court decree or agreement or copies of checks received.
- ☐ **All Other Income:** If you have other forms of income (such as rental income), send information or papers that show the amount of income received, how often it is received, and the date received.
- ☐ **No Income:** If you have no income, send a letter explaining how you provide food, clothing, and housing for your household, and when you expect an income.

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EXPIRES: June 30, 2024