



GLENBARD TOWNSHIP HIGH SCHOOL DISTRICT #87

596 Crescent Boulevard, Glen Ellyn, IL 60137-4297, (630) 469-9100, www.glenbard87.org

July 2020

Dear Parent or Guardian:

Glenbard Township High School District 87 assesses fees to all students of the district. School Policy 4:140 defines "school fees" or "fees" as any monetary charges collected by the District from a student or the Parent/Guardian of a student as a prerequisite to the student's participation in any curricular or extracurricular program of the District.

"School Fees" include but are not limited to:

- Charges for use of property (locks, towels, lab equipment)
- Textbooks, electronic devices, and instructional materials
- Field trips during school hours
- Equipment used in varsity and intramural sports or fine arts programs
- Participation in extracurricular activities
- Required class supplies
- Graduation fees
- School health services
- Driver's education fees
- Student Activity Pass

Administrative procedure 4:140-AP2 states that the expenses for all items shall be waived to those students who are approved for the waiver. Textbooks and/or electronic devices shall be loaned free of charge to the student approved for waiver. The student will return the textbooks and/or electronic devices upon completion of the course. If textbooks and/or electronic devices are not returned, it is the responsibility of the student and/or parent to pay for these items and fines.

Federal Income Eligibility Guidelines (Effective 7/1/20-6/30/21)

Families who currently qualify to receive free lunch may be eligible for a fee waiver and must submit a completed waiver application. The application may be obtained from the school's Assistant Principal for Students Services or you may access and fill in the application online at:

www.glenbard87.org/financial-aid-school-fees/

You may then print and mail with all required income information to your child's school, Attention: Student Services; or you may drop off the completed application and required documents at the Front Desk of the school your child attends. District 87's criteria for the fee waiver program is consistent with the federal guidelines for income and number of family members per household (see table to the right). Evidence required for waiver approval is as follows:

- Letter from Department of Human Services (DHS) citing benefits approved for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) Program. **Link cards cannot be accepted as proof of benefits.**

-OR-

- Verification of total income within the Federal Government Income Eligibility Guidelines (see required documents on next page). Children in foster care may receive a waiver of fees regardless of income.

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, add	5,824	486	243	224	112

Household Income includes income from work; unemployment, disability, and social security benefits; child and spousal support; income from rental properties, etc. To verify current income, applicants must provide the following:

- Copy of **two** most current pay stubs or most recent benefit statement(s) for all household members with income*, and
- Copy of the most recent W-2 form(s) for all household members with income*, and
- Copy of **Pages 1 and 2** of the most recent Federal 1040 tax form showing all dependents AND 1040 - Schedule 1 (if applicable). If your household includes others not listed on your 1040 tax form, you must write all household member names on the application, indicate their relationship to you, and include all income information for the additional household members as instructed above.

** If you are self-employed and do not receive pay stubs and/or W2 forms, you may submit a 1099 tax form in lieu of a W2 form. You must submit a record of income and expenses from the business over a recent period of time (e.g. profit/loss record for a period of at least 3 months; copy of Schedule C from your most recent income tax filing, etc.)* Families that do not qualify based on the income criteria above may still apply for waivers by submitting the Application for Waiver of Student Fees. If your income is greater than the guidelines indicated on the previous page, your application will be declined. However, eligibility may be determined based on extraordinary circumstances such as those referenced below. **If your income is greater than the guidelines BUT you have extraordinary circumstances to be considered in determining eligibility for a waiver of fees, please attach a letter to your application which explains the situation.**

- Serious illness in the family
- Extraordinary expenses such as fire, flood or storm damage
- Emergency situations

Applications will be reviewed by District Administration. Notification after decision will be made in the form of a letter to the applicant within thirty (30) calendar days of receipt of the request. If your application is denied, the letter shall state the reason for the denial and shall inform the parents of their right to appeal, including the process and timelines for that action.

Parents/Guardians who submit an appeal within thirty (30) calendar days of receipt of denial shall have the right to explain why the waiver should be granted. Appeal shall not be decided by the same person who denied the original application.

If circumstances change during the school year, parents may reapply for the waiver.

If the waiver request is denied, the Student Account may be placed on the District Installment Payment Plan. The District Installment Payment Plan provides families the option to pay fees over the course of the school year. Families will be required to make timely payments via 1) credit card, 2) ACH debit to a bank account, or 3) Statement Plan, and will be required to keep the account current. Consequences for nonpayment are as follows:

Sophomore, Junior and Senior year – Student may not attend school dances, specifically Homecoming and Prom.

Senior year – Student may not participate in Graduation Ceremonies.

Driver's Education Students – Students enrolled in the Behind the Wheel class must have paid the course fee in full or be consistently making installment payments for the course before course completion record will be forwarded to the Secretary of State to allow student to obtain a driver's license.

iPad Summer Use – Students who owe money at the end of the school year will be allowed to retain their device, however the device will be disabled by the District over the summer until outstanding fees are paid. Note: Students who enroll in summer school and have an unpaid balance will be able to use their device while they are in summer school. (9:010-E2)

Delinquent accounts and Post-Graduation – Unpaid account balances may be transferred to a Collection Agency.

If you have questions regarding the Waiver of Fees or the Installment Payment Plan, please feel free to contact the Assistant Principal for Student Services or Help Line at:

Glenbard East: 630/424-6670
Glenbard North: 630/681-3190

Glenbard West: 630/469.8600
Glenbard South: 630/534-4230

Glenbard Township High School District 87
Application for Waiver of Student Fees – School Year 2020-2021



Part A List all current Glenbard District 87 Students:

Name:	School (please select):	ID Number:	Is this student participating in FALL Athletics?
	East North South West		Yes No
	East North South West		Yes No
	East North South West		Yes No
	East North South West		Yes No
	East North South West		Yes No

If your household currently receives SNAP or TANF benefits AND you have a current letter from DHS showing case number, benefits received, and recipient names, you may proceed to Part C of this application. If you do not receive SNAP or TANF benefits, continue with Part B below.

Part B Complete for all household members including the student(s) listed above. All income should be reported as **GROSS** income (not NET income). If a household member has no income at all, you must indicate NO INCOME in the last column. Please see the charts on the reverse side for clarification on income sources.

Names of Household Members	Earnings from Work					Child Support, Alimony, or Public Assistance					Pensions, Social Security, Retirement, or other income					This Household Member has NO INCOME
	Please indicate dollar amount and frequency of pay:					Please indicate dollar amount and frequency of pay:					Please indicate dollar amount and frequency of pay:					
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
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	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	

Total Number of Household Members: _____

(Please continue on reverse side.)

Sources of Income for Adults			Sources of Income for Children	
Earnings from Work	Public Assistance, Alimony, Child Support	Pensions, Retirement, All Other Income	Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's Compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
			Social Security <ul style="list-style-type: none"> Disability Benefits Survivor Benefits 	A child is blind or disabled and receives social security benefits A parent is disabled, retired, or deceased, and their child receives social security benefits
			Income from person outside of household	A friend or extended family member regularly gives a child spending money
			Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

To verify current income, ALL of the following documents must be enclosed for ALL household members receiving income:

- Copies copy of **two** most current pay stubs* or a recent benefit statement(s), and
- Copy of the W-2 form(s)* from the most recent tax year, and
- Copies of Pages 1 and 2 of the most recent Federal 1040 tax form AND 1040 - Schedule 1, if applicable. If your household includes others not listed on your 1040 tax form, you must write all household member names on the application, indicate their relationship to you, and include all income information for the additional household members as instructed above.

** If you are self-employed and do not receive pay stubs and/or W2 forms, you may submit a 1099 tax form in lieu of a W2 form. You must submit a record of income earned and expenses from the business over a recent period of time (e.g. profit/loss record for a period of at least 3 months; copy of Schedule C from your most recent income tax filing, etc.)*

Part C DEPARTMENT OF HUMAN SERVICES BENEFITS (SNAP and TANF)

Complete this section only if the household is receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). **Medical cards cannot be accepted as proof of benefits. A copy of the letter from the Department of Human Services (DHS) showing the eligibility date, case number, benefits received, and recipient names must be attached to this application.**

Case ID Number:

Part D I, the undersigned parent/guardian of the above named student(s), hereby request that the Board of Education of Glenbard Township High School District 87 waive school fees for my student(s). I understand that if the request for fee waiver is approved, I will still be financially responsible for lost or damaged textbooks and/or electronic devices, and school fines. I have reviewed the District's policy and am aware that supplying false information to obtain a fee waiver is a Class 4 Felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Name of Parent/Guardian

Address

City

State

Zip Code

Signature of Parent/Guardian

Date