

Glenbard Township High School District 87 Application for Waiver of Student Fees – SUMMER SCHOOL 2023 ONLY

Part A List all Glenbard District 87 Students attending **SUMMER SCHOOL**:

Name:	Summer School (please check):	ID Number:
	<input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West	
	<input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West	
	<input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West	
	<input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West	
	<input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West	

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 <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	2X per Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	\$	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	2X per Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	\$	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	2X per Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 **summer 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.

Print Name of Parent/Guardian

Address

City

State

Zip Code

Signature of Parent/Guardian

Date