

Geneva Community Unit School District 304

FEE WAIVER Application for the 2024/2025 School Year for Grade K-12

Student Information (must be completed – one application for all family members):

Student fees will be waived in accordance with the current Board Policy 4:140 and proration procedure (see attached). If additional space is needed, please complete a second form to list additional students and/or household members.	
Foster Child? Yes or No	If yes, please provide current placement documents from agency and sign this application. There is no need to send additional documentation.
Name, School & School ID# of Student:	
Name, School & School ID# of Student:	
Name, School & School ID# of Student:	
Name of Parent/Legal Guardian: (please print):	
Address:	
Cell or Home Phone #:	
Email:	

Household Income Information (must be completed and attachments must be included with application):

SEE ATTACHED SHEET FOR DEFINITION OF INCOME & INCOME GUIDELINES					
List everyone in household	(Column A) How much do you get paid? And how often do you get paid?	(Column B) Disability, welfare, social security, etc.	(Column C) Child support, Alimony, etc.	(Column D) Other (please specify)	Check if NO INCOME – Indicate if minor
<i>Example: Jane Doe</i>	<i>\$1,000/twice per month</i>	<i>\$300/monthly</i>	<i>\$250/monthly</i>	<i>SNAP/TANF</i>	
Total Monthly Income (Columns A+B+C+D) = \$			Total # of people in household =		
The Following must be attached for each household member receiving income:					
<ol style="list-style-type: none"> A copy of the most recent federal tax return (IRS form 1040) for all adults. If no taxes were filed, contact IRS 1-800-829-1040 and request a letter of non-filing. Please redact any bank information and all but final four of SSN#. Attach evidence of all <u>current gross income</u>, including <u>2 most recent pay stubs</u>. See pages 2 and 3 for more information. 					
Special Circumstances: Please explain the circumstance or loss with documentation such as a doctor’s note, accident report, etc. (Example, My family has experienced (insert situation here)).					

Parent/Guardian certification (must be completed):

I, the undersigned, parent/guardian of _____ (name of students) hereby request that the School Board of Geneva Community Unit School District 304 waive the below mentioned fees.

I certify (promise) that all the information on this application is true and correct and that all household income for each member of the household is reported. I understand that school officials may verify (check) the information.

I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

X _____
Signature of Applicant Printed Name of Applicant Date

See the following pages for further instructions and how to submit the completed application.

General Fee Waiver Information

The Board of Education Geneva Community Unit School District 304 requires a separate application for a waiver of school fees. An Application for Fee Waiver needs to be completed **IN ADDITION TO** the Free lunch application.

- ❖ The application must be completed **ANNUALLY**. Eligibility in one year does not guarantee future fee waiver eligibility.
- ❖ The income guidelines are the same as the FREE lunch guidelines. See Page 4 for these guidelines (also available at www.fns.usda.gov).
- ❖ Full payment of instructional fees is expected and due by September 1st unless a payment plan is established. Please contact your child's school to establish a payment plan.
- ❖ Eligible fees will be **waived 100% for students with an approved Application on file prior to the final day of the first semester**. Per Board Policy 4:140, the fee waiver will cover the annual registration and other required District fees such as: other instruction materials, driver education, athletic participation fees, lock fees, towel fees, shop fees, and laboratory fees.
- ❖ Families applying for a fee waiver **after the start of the second semester will receive a waiver of 50% eligible fees**. Families can request a refund of any fees paid that are subsequently waived through PushCoin.
- ❖ If your application is denied, the reason(s) for denial will be stated and you may appeal the decision. Your appeal request must be in writing and must be received within 30 calendar days of receipt of denial letter.
- ❖ **Submit the completed application and all required attachments to any of the following:**
 - Mail to: Geneva CUSD 304 Business Office, Fee Waivers, 227 N Fourth St., Geneva, IL 60134
 - In Person: School Secretary or Central Office
- ❖ Any questions regarding the fee waiver process may be directed to your child's school or the Business Office.
- ❖ Please allow 30 days for processing. Applications will be reviewed starting July 15th. Any applications received prior to this date will be processed after July 15th.
- ❖ You will receive email notification if your waiver request has been granted, placed on hold or denied. If your household income increases by \$50 or more per month (\$600 per year) or your household size decreases, you are obligated to report this change to the District immediately.

Acceptable Evidence for Verification of Income

Families requesting a waiver for instructional fees need to submit an Application of Fee Waiver and the required documentation for review. Waiver forms and instructions with examples of acceptable documentation are included below.

Please provide information or documents, which show your household's current income (see following page for definition of income), specifically the gross income for each working household member or evidence of participation in government aid programs. **COPIES OF THE MOST RECENT IRS FORM 1040 ARE REQUIRED FOR EACH WORKING HOUSEHOLD MEMBER (please redact any banking information and all but final four of SS#).** Examples of types of documents are listed below. Documentation for each source of income listed on your application is required. Any income intentionally not reported to the District will automatically disqualify your application. In addition, you may be asked to provide property tax bills, bank statements, credit card statements, rental/lease agreement, or mortgage statements.

Earnings/Wages/Salary (provide most recent consecutive two pay stubs):

- Pay stub dated _____ Received how often (ex: weekly) _____
- Letter from employer on letterhead indicating hourly worker's name, final 4 of SS#, gross wages and frequency of payment.

Self-Employment Income:

- Self-employment – income tax verification, business ledger
- Self-issued paycheck stub on pre-printed checks
- Copy of incorporation papers listing officers and/or principal stockholder
- Copy of quarterly payments to IRS

Food Stamp/SNAP/TANF:

- Food stamp certification notice
- Letter from welfare office
- Name of person receiving benefit: _____ Dollar amount: \$ _____
- Beginning and ending dates: _____ to _____

Social Security/Pension/Retirement:

- Social security benefit letter
- Statement of benefits received
- Pension award notice
- Disability award letter or check stub

Unemployment Compensation:

- Notice of eligibility from State Unemployment Office

Welfare Payments:

- Government aid benefit letter
- Statement of purpose of benefit

Child Support/Alimony:

- Child support pay stubs
- Court decree
- State Disbursement Website print out /Canceled checks from spouse

Other Income: If you have other forms of income, please provide information or documents which show the amount of income received, how often it is received, and the date it is received.

- Canceled checks for outside financial aid
- Notarized letter from person giving monthly aid

No Income: If you have no income, please provide a letter explaining how you provide food, clothing, and housing for your household.

See Page 4 for federal definition of income and the income eligibility guidelines. The income eligibility for fee waivers is the same as FREE lunch guidelines.

SCHOOL YEAR 2024 - 2025 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2024, through June 30, 2025:

Income Eligibility Guidelines Effective from July 1, 2024 to June 30, 2025

Free Meals					
130% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,578	1,632	816	753	377
2	26,572	2,215	1,108	1,022	511
3	33,566	2,798	1,399	1,291	646
4	40,560	3,380	1,690	1,560	780
5	47,554	3,963	1,982	1,829	915
6	54,548	4,546	2,273	2,098	1,049
7	61,542	5,129	2,565	2,367	1,184
8	68,536	5,712	2,856	2,636	1,318
For each additional family member, add	6,994	583	292	269	135

The following is the Federal definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.