



## Rich Township High School District 227 Fee Waiver Request Form

This form must be completed in its entirety to determine eligibility for fee waiver for textbooks, other instructional materials, and driver education. However, students receiving a fee waiver are not exempt from charges from lost and damaged books, locks, IDs, materials, supplies, equipment and Chromebooks.

Is this a special circumstance fee waiver?    Yes     No

- Immediate family illness
- Unusual expenses, such as fire, flood, storm damage, other \_\_\_\_\_
- Unemployment
- Emergency situation \_\_\_\_\_
- One or more parent/guardian is involved in a work stoppage

### Household Information:

#### 1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	<small>(For Student only) School Name</small>	<small>(For Student only) Grade</small>	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.	Check If NO Income	Check If Foster Child
			- - - - -	<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"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>

#### 2. Total Household Gross Income (before deductions) You must tell us how much and how often.

A.  NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

#### 3. Signature

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date Printed Name of Adult Household Member Signature of Adult Household Member

#### 4. Contact Information

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

Note: You may be required to provide documentation to substantiate the information on this form.

For district use only

Fee waiver approved?    Yes     No     Parent notification date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_