



**PARK RIDGE-NILES  
SCHOOL DISTRICT 64**

Dear School District 64 Parent/Guardian,

Under Illinois law, school districts are required to waive charges for textbooks and other registration fees for children whose families are unable to afford them. A child under any of the following circumstances may be considered:

- The child is directly certified by the State of Illinois as receiving SNAP or TANF benefits
- The child is categorically eligible (i.e. homeless, migrant or runaway or in Head Start)
- The child’s household income is below the federal guidelines for free meals

State law permits the District to verify household income through an application process. If you wish to apply for a fee waiver, please complete the enclosed application and mail along with supporting documentation to:

Park Ridge-Niles School District 64  
Attn: Fee Waiver  
8182 Greendale Avenue  
Niles, IL 60714

Applications will be verified using the United States Department of Agriculture’s Income Eligibility Guidelines for 2023-24, which are shown below.

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$18,954	\$1,580	\$790	\$729	\$365
2	\$25,636	\$2,137	\$1,069	\$986	\$493
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264
Each additional	\$6,682	\$557	\$279	\$257	\$129

Please note the District cannot approve an application that is incomplete, so be sure to provide all required information. The District also reserves the right to request additional information. After the District has reviewed your application, you will be notified in writing of the eligibility determination.

If you have any questions related to the application process, please feel free to call the District 64 Business Office at 847-318-4308.

## Park Ridge School District 64 Student Fee Waiver Application 2023-24

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relation to Student(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Address	City	Zip Code
<b>DISTRICT 64 STUDENT NAMES</b>	<b>SCHOOL NAME</b>	<b>GRADE LEVEL</b>

In addition to completing this application, you must submit copies of ALL items below for ALL wage earners in your household. **Please note the District may request additional information before making its eligibility determination.**

1. Prior year 1040 income tax form (including schedules supporting amounts on page 1) and W-2 forms.
2. Two (2) current pay stubs for all family members.
3. If applicable, supporting documentation for welfare, child support, and/or alimony.
4. If applicable, supporting documentation for pension, retirement, and/or social security.
5. If applicable, supporting documentation for workers compensation, unemployment, SSI, and/or all other income.
6. If your household receives SNAP or TANF benefits, provide documentation showing your case number.

Names List Everyone in Household	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Weekly/twice a month/bi-weekly/monthly/annual)								
	Check if no Income	Earnings From Work (Before Deductions)		Welfare, Child Support Alimony		Pensions, Retirement, Social Security		Workers Compensation, Unemployment, SSI, All Other Income	
	✓	Amount	How Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$		\$	

I, the parent/guardian of the above listed student(s) hereby request that the Board of Education of District 64 waive the school fee(s) pursuant to IL Rev. Stat. CH. 122 Par. 10-20.13. I further state in support of this waiver request that the information provided is true and accurate. I understand the Illinois Revenue Statute Chapter 28, paragraph 17-6, provides that supplying false information to obtain a fee waiver is a Class 5 felony.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION BELOW COMPLETED BY DISTRICT BUSINESS OFFICE USE ONLY**

Total Income \_\_\_\_\_ Per  Week  Every 2 weeks  Twice a Month  Month  Year  Number in Household \_\_\_\_\_

Approved based on:  Household Income  Public Aid  Other \_\_\_\_\_ Denied:

District Official's Signature \_\_\_\_\_ Date \_\_\_\_\_