



**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.

State law permits the District to verify household income through an application process. Every family that believes they qualify must apply for a fee waiver. If you wish to apply, please complete the enclosed application and send along with supporting documentation to jwasilewski@d64.org or mail to:

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

You must re-apply every year to evaluate if you still qualify for a fee waiver.

Applications will be verified using the United States Department of Agriculture’s Income Eligibility Guidelines for 2024-2025, 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.

The following factors will be considered in the application review process:

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

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 2024-2025

Parent/Guardian Name _____ Home Phone _____

Relation to Student(s) _____ Work Phone _____

Home Address _____

Address	City	Zip Code
DISTRICT 64 STUDENT NAMES	SCHOOL NAME	GRADE LEVEL

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 Status: Approved Denied Denied for Incomplete Application

District Official's Signature _____ Date _____