



Application for Fee Waiver for 2024-2025 School Year

Student(s) Name (print)

Parent/Guardian Name (print)

Address (print)

Email address

XXX-XX-

last 4 digits of SSN

1. **Total number of people living in the household:** _____
2. Total gross annual household income (before deductions) from all people living in my household: \$_____

PROOF OF INCOME IS REQUIRED!

Two current pay stubs for all working members of the household AND current tax return.

**** IF YOU INDICATE ZERO INCOME, PLEASE PROVIDE INFORMATION ON HOW YOU PROVIDE FOOD, CLOTHING, AND SHELTER FOR YOUR CHILD ****

Fees that will not be waived: graduation fee, replacement ID, technology fee, sports, band, choir, and clubs.

Income includes all:

- Compensation for services, wages, salary, commissions or fees; Net income from self-employment; Social security; Dividends or interest on savings or bonds or income from estates or trusts;
- Net rental income, public assistance, or welfare payments;
- Unemployment compensation, government civilian employee or military retirement, or pensions or veterans' payments;
- Private pensions or annuities, alimony, or child support payments;
- Regular contributions from persons not living in the household, net royalties;
- Other cash income (including cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources).

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

I certify 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 the information.

Parent/Guardian Signature

Date

Submit application to: Gavin School District #37
Attn: Cheri Coby
25775 W Highway 134
Ingleside, IL 60041

If you have any questions or concerns, call Cheri Coby, at (847) 546-2916.

Revised: July 2023