

## **Fee Waiver Application**

### **Veteran/Active -Duty & Special Circumstances**

#### **Special Circumstance Fee Waiver Eligibility**

Families may qualify for a Special Circumstance Fee Waiver if there is a significant loss of income due to:

- Serious illness or injury in the immediate family
- Unusual expenses (e.g., fire, flood, storm damage)
- Emergency or other unforeseen circumstances

#### **Required Documentation**

To apply, you must provide written proof of your situation. Acceptable documentation includes (but is not limited to):

- Doctor's certification of illness or injury
  - Employer letter showing loss of income or reduced work hours
  - Disability or unemployment benefit documentation
  - Other official documents verifying a significant change in income
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#### **Veteran and Active-Duty Military Fee Waiver Eligibility**

- Students may qualify for a fee waiver if their parent(s)/guardian(s) are veterans or active-duty military and the household's gross income meets the Veterans or Active-Duty Military Income Eligibility Guidelines.

#### **Required Documentation**

Proof of Military Service (any of the following):

- DD-214 (Certificate of Release or Discharge from Active Duty)
- Military ID card (active-duty status)
- Current Leave and Earnings Statement (LES)

Proof of Household Income (any of the following):

- Recent pay stubs
- VA disability benefit statement or rating decision letter
- Social Security benefit statements (if applicable)
- Most recent federal tax return



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

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, the parent/guardian of the above-listed student(s), hereby request that the Board of Education of District 120 waive the school fee(s) pursuant to IL Rev. Stat. 105 ILCS 5/10-20.13 from Ch. 122, par. 10-20.13. I further support this waiver request, confirming that the following information is true and accurate.

Mundelein High School Student Names	Student ID Number	Grade
1.		
2.		
3.		
Additional Household Members	Relationship	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please attach copies of the following forms for all wage earners in your household. **Black out any personally identifiable information such as social security numbers, routing numbers, and account numbers.**

Required Documents	Optional Documents
<input type="checkbox"/> Copy of current Pay Stub(s) for all family members <input type="checkbox"/> Copy of Income Tax Form(s) 1040 and W-2 Forms <input type="checkbox"/> Proof of Misc Income (including alimony, financial assistance, child support, etc. that is not included in Tax Form 1040)	<input type="checkbox"/> Proof of Unemployment <input type="checkbox"/> Verification of Foster Child Status <input type="checkbox"/> Verification of Medicaid Eligibility (Most recent letter of decision) <input type="checkbox"/> Proof of Veteran or Active Military Status <input type="checkbox"/> Proof of Disability, Injury, or Illness

☐ Special Circumstances: My family has experienced a significant loss of income due to severe illness/injury, unusual expenses (e.g. fire, flood, or storm damage), or other unforeseen/emergency circumstance. Please explain the circumstance or loss, attaching supporting documentation such as doctor's notes, accident report, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

FOR SCHOOL USE ONLY		
Application Completed Date: _____	Gross Income Total: _____	Prior Years' Unpaid Fees: _____
Approval <input type="checkbox"/> Yes <input type="checkbox"/> No (Reason: _____)		
School Official's Signature: _____	Date _____	