

## 2022-23 Application for Fee Waiver Cass School District 63

If you are interested in applying for Fee Waiver, please complete and return the following form to the Cass School District 63 District Office located at 8502 Bailey Road, Darien, Illinois 60561-5333.

Please print below the name (first and last), address, grade and school of each student you are requesting fee waiver for:

STUDENT NAME	ADDRESS	GRADE	SCHOOL

Please print below all other individuals (first and last names) living in the household and all gross income for these individuals including, but not limited to, Salary, Child Support, Unemployment Benefits, Social Security Benefits, Disability Benefits or any other source of income coming into the household. Your net income (take home pay) is not sufficient for this application.

NAME	INCOME*	How Often Is Income Received? (ie., Monthly, Bi-Weekly, Weekly)

<sup>\*</sup>Proof of income is required to be submitted with this application. The District requires that all proof must be dated within 30 days of the date of application and that for each source of income, the two most recent proofs of income (i.e. pay stubs) must be provided. Pay stubs must have the company name and show a pay period as well as gross, net and year to date income.

If you would like to provide the District wifee waiver, please feel free to do so below	ith additional information regarding your request for v:
Please be aware that supplying false infor 5/17-6).	rmation to obtain a fee waiver is a felony (720 ILCS
Cass School District 63 will prosecute to the discovered that benefits were provided to	herein is true and correct. I also fully understand that he fullest extent allowed by law should it be the students noted within this application under false will become the immediate and complete responsibility
If this is a two parent/guardian household form.	d, both parents/guardians are required to sign this
Parent/Guardian – please print	Signature
	Date
Parent/Guardian – please print	Signature
	 Date