

Business Office 1936 Green Bay Road Highland Park, Illinois 60035

> Phone: 224-765-3006 Fax: 224-765-3085

## APPLICATION FOR EMERGENCY/HARDSHIP WAIVER OF REGISTRATION FEES AND TEXTBOOK CHARGES

Name	e of	Student:			Student I.D. #						
Scho	ol Y	'ear:	(Last	, First, M.I.) <b>Grade:</b>	School:						
Parer	nt/G	uardian:			Phone #						
Fami	ly A	ddress:			City/State:	ty/State:					
Zip :_			Total number of family members in household:								
evider	nce v	would be pa	y stubs, W-2's, Le	eave and Earnings Sta		claim. Examples of written checks, invoices or bills for age), etc					
Addition preser		considerati	on may be given by	y the superintendent c	r designee when one or r	more of the following factors are					
Stude	ent's	s family ir	ncome has been	impacted by:							
	1.	. Severe illness or injury in the family.									
	2.	. Unusual expenses such as fire, flood or storm damage.									
	3.	3. Unemployment / Seasonal Employment.									
	4.	idelines" for the Free or									
School to The	l Bo Sch	ard of Nortl nool Codes	n Shore School Dis 105 ILCS 5/10-20.	trict 112 waive textbo 13 and 5/10-22.25.	ok charges and school regoing to the charges and school regoing to the charges and school regoing (7	gistration fees pursuant					
				are true and correct.	ver is a Class 4 Feloriy (7	20 ILOS 3/17-0).					
		S	ignature of Paren	t/Guardian		Date					
			F	OR DISTRICT 112 O	FFICE USE ONLY						
	4ppr	roved	□Denied	Initials of Official:		Date:					
REAS	ON	FOR DENI	4 <i>L:</i>								
100LS	PLE	ASE NOTE:	Ne cannot accept, or	process applications rece	eived before the Federally def	fined school year of July 1st - June 30					

ER-13 05/2022

The Emergency/Hardship waiver form packet contains two forms that must be completely filled out and appropriate documentation attached or the waiver will be denied. Students who have been approved for the Free or Reduced-Price Meals Program do not need to fill out this form or

send any backup documentation. Send Form and Backup information to the Business Office.

#### HOUSEHOLD AND INCOME FORM

To determine eligibility for various	additional state	e and federal	programs ben	efits that ye	our child(re	en) may	qualify for,	please compl	ete, sigr	n and	
return this application to											
	(scho	ool name)									
1. All Household Members									-		
NAMES OF ALL HOUSEHOLD MEMBER	(for Student only	у)		(for Student only)	SNAP OR	TANF CA	SE NUMBER	ONLY Skip to Part	Check i	f Check if	
First, Middle Initial, Last					4 if you list a SNAP or TANF case number TANF must be provided below. If you recein not directly certified for free meals, you MU			ve Medicaid and wer	NO Income	NO Foster Income Child*	
					household siz	e and incom	e.	apply based on		<del> </del>	
									+ !	$\square$	
									+ $+$		
									+ $+$		
									-	$\square$	
									+		
						* ^ f 1	hildin dha la sala				
O Hamalana Minnant Bonanana and						^ A foster c	nild is the legal r	esponsibility of a welf	are agency of	or court.	
2. Homeless, Migrant, Runaway, or H	ead Start										
Homeless Migrant R	unaway 🔲 H	lead Start									
3. Total Household Gross Income (be	fore deduction	s) You must te	ell us how much	and how of	ten.						
Α.	1	•	T WAS RECEIVED (E			e a month; \$	100/every other	week; \$100/week)			
NAMES			<u> </u>			nsions, Re			mn Unor		
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Social Security			ment, SSI, etc.	(All other ir	np., Unemploy- All other income)	
	Amount	How often?	Amount	How often?	Amo	ount	How often?	Amount	How o	often?	
i.	\$		\$		\$			\$			
ii.	\$		\$		\$			\$			
iii.	\$		\$		\$			\$			
iv.	\$		\$		\$			\$	1	-	
	\$		\$		\$			\$	+		
V.	Ψ		Ψ		Ψ			Ψ			
4. Signature											
	ousehold Member			Signature	e of Adult Hou	sehold Member		—			
5. Contact Information											
Work Telephone Number (Include Area Code	e) Home Telepho	ne Number (Inclu	de Area Code)	H	ome Address	(Number, S	Street, City, St	tate, Zip Code)			
			0011001 1105	OM V							
Annu	al Income Conve	rsion Waakly	SCHOOL USE		wice a Month	2 X 24 (	Once a Montl	o X 12 Convertino	me only ir a	merent	
			V 32 LVery 2 VV			_		frequencie	s of pay are	reported.	
TOTAL INCOME \$Per:	Every 2 eek Weeks	Twice a  Month	Month Y	NUMBEI ear HOUSEI	R IN IOLD:	CHANG STATUS			Date		
Currently receive benefits based on:						•					
☐ homeless ☐ SNAP or Ta								Date Withdrawn			
☐ runaway ☐ household' ☐ Head Start							_				
		Signature of De	termining Official				Date: _				
Privacy Act Statement: The Illinois State Bo	ard of Education is	requesting school	ols to collect the info	ormation on thi	s form to assi	st schools i	n reporting stu	udent's eligibility fo	r state and	federal	

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (Plyler v. Doe, 457 U.S. 202, 102 S.Ct. 2382 (1982)).

#### INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

#### IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.).
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

# IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1: List all household members and the name of school for each child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

#### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

#### If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

### If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

## ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

#### **FISCAL YEAR 2023 INCOME ELIGIBILITY GUIDELINES**

The United States Department of Agriculture has issued the following income guidelines for the period of July 1, 2022, through June 30, 2023:

Income Eligibility Guidelines												
Effective from July 1, 2022, to June 30, 2023												
	Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline					
Household Size						Household Size						
Housellold Size			Twice Per	<b>Every Two</b>		Household Size			Twice Per	<b>Every Two</b>		
	Annual	Monthly	Month	Weeks	Weekly		Annual	Monthly	Month	Weeks	Weekly	
1	17,667	1,473	737	680	340	1	25,142	2,096	1,048	967	484	
2	23,803	1,984	992	916	458	2	33,874	2,823	1,412	1,303	652	
3	29,939	2,495	1,248	1,152	576	3	42,606	3,551	1,776	1,639	820	
4	36,075	3,007	1,504	1,388	694	4	51,338	4,279	2,140	1,975	988	
5	42,211	3,518	1,759	1,624	812	5	60,070	5,006	2,503	2,311	1,156	
6	48,347	4,029	2,015	1,860	930	6	68,802	5,734	2,867	2,647	1,324	
7	54,483	4,541	2,271	2,096	1,048	7	77,534	6,462	3,231	2,983	1,492	
8	60,619	5,052	2,526	2,332	1,166	8	86,266	7,189	3,595	3,318	1,659	
For each						For each						
additional						additional						
family member,						family member,						
add:	6,136	512	256	236	118	add:	8,732	728	364	336	168	

## The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It Includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.