



Administrative Center ▪ 6500 W 95<sup>th</sup> Street, Oak Lawn, IL 60453 ▪ Voice: 708/599-5550 ▪ Fax: 708/599-5626

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**2023/2024**  
**Application for Fee Waiver**

Date: \_\_\_\_\_

Please complete **ONE** Application per Household

**I. Student Information**

Please list all students that attend Ridgeland SD 122 schools:

<b>Student Name</b>	<b>School</b> ( <i>Columbus Manor, Harnew, Kolb, Lieb or Simmons</i> )	<b>Grade</b>

**II. Eligibility**

Participation in SNAP, TANF, or Income Eligible Medicaid Programs . **The State's direct certification system matches to a portion of the children that are receiving income eligible Medicaid. If the student receives Medicaid benefits (has a MEDICAL CARD) and is not found in the State's system, they may receive Medicaid benefits above the income guidelines , If so, they would not qualify for fees to be waived and would need to complete the fee waiver providing one month proof of income or tax return.**

Please provide Case Number:

Please list everyone that lives in the household below. List the Total Household **GROSS INCOME** (before taxes and deductions) for all that earn income in the household: **You must attach written documentation for each category where income is listed.** For example, to show earnings from work, you must attach one month of pay stubs, 2022 Tax Returns with **W-2, Schedule C, etc.**, or other written documentation listing your salary.

<b>Names</b> (List <u>everyone</u> that lives in household)	<b>Earnings from work</b>	<b>Welfare, Child Support and/or Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All other income</b> (Workers 's Comp, SSI, Unemployment)	<b>Check if no income</b>
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	
	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	Amt/How Often \$ / _____	

**Other Eligibility Criteria :**

Is the student homeless?

☐ Yes

☐ No

If yes, name and signature of School District Homeless Liaison:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Has your family recently experienced significant loss of income due to illness or injury in the family or experienced unusual expenses such as fire, flood or storm damage?

☐ Yes

☐ No

If yes, please explain below and attach documentation and/or photos verifying the situation.

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**III. Verification**

**I hereby request that the Board of Education of School District 122 waive the fees for the student listed above. I have reviewed the District's Policy regarding waiver of school fees and am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest, by my signature below, that all the information provided herein is true and correct.**

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Signature

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Date

**The Building Principal shall notify the parent(s)/guardian(s) as to whether the fee waiver request has been granted or denied by the Business Office. The District's denial of a fee waiver request may be appealed to the Superintendent by submitting the appeal in writing to the Superintendent within 14 days of the denial. The Superintendent shall respond within 14 days. The Superintendent's decision may be appealed to the Board of Education by submitting a request for appeal, in writing, to the President of the Board within five (5) days of the Superintendent's denial. The decision of the Board shall be final.**