STARK COUNTY COMMUNITY UNIT SCHOOL DISTRICT #100
Application for TEXTBOOK FEE WAIVER 2026-2027

Name of Student	Grade	Textbook Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned parent or guardian of the above named student(s), hereby request that the Board of Education of School District #100 waive the above-mentioned school fee pursuant to Illinois Revised Statutes 105 ILCS125/4 and 23 Illinois Administrative Code 305.10.

I further state, in support of this waiver request that one of the following statements is true and accurate (please check at least one box):

☐ The above-named student(s) is currently receiving Temporary Assistant for Needy Families or "TANF" from the Illinois Department of Public Aid and I am enclosing evidence of participation in TANF.

☐ The above-named student(s) is currently eligible for Free meals pursuant to Illinois Revised Statutes 105 ILCS125/4 and 23 Illinois Administrative Code 305.10.

☐ The above-named student(s) is from a household whose gross income is at or below the levels shown below: ***(attach evidence of income***)

Income Eligibility Guidelines
Effective from July 1, 2026, to June 30, 2027

	Household Size	**Monthly Income**	**Household Size**	**Monthly Income**
1	$2,152	5	$5,177	
2	$2,909	6	$5,934	
3	$3,665	7	$6,690	
4	$4,421	8	$7,446	
		Each additional Family Member	+ $757.00	

I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony (Ill. Rev. Stat. Ch. 38, Par. 17-6). I attest that the statements made herein are true and accurate.

_____ _____
Signature of Parent Name of Parent (please print)

_____ _____
Address Date

FOR OFFICE USE ONLY

Approved Total Fees Waived _____ _____
Signature of Determining Official

Date _____

Denied ____ Income too High