

**STARK COUNTY COMMUNITY UNIT SCHOOL DISTRICT #100
Application for TEXTBOOK FEE WAIVER 2024-2025**

<u>Name of Student</u>	<u>Grade</u>	<u>Textbook Fee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, 2024, to June 30, 2025				
	Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,632	5		\$3,963
2	\$2,215	6		\$4,546
3	\$2,798	7		\$5,129
4	\$3,380	8		\$5,712
		Each additional Family Member		+ 583

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

Denied _____ Income too High

Date