

LAKE VILLA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #41

131 McKinley Avenue Lake Villa, Illinois 60046-8986 www.district41.org Phone:847/356-2385 Fax: 847/356-2670

APPLICATION FOR SCHOOL REGISTRATION FEE WAIVER 2011 – 2012

Complete One Application Per Household

Part 1: Names of All Children in School District (use a separate application for each foster child).

First, Middle, Last Name	School Name	Grade	Food Stamp or TANF Case #
First, Middle, Last Name	School Name	Grade	Food Stamp or TANF Case #
First, Middle, Last Name	School Name	Grade	Food Stamp or TANF Case #
First, Middle, Last Name	School Name	Grade	Food Stamp or TANF Case #

Part 2: Homeless, Migrant, or runaway (Categorically Eligible); Signature of District Homeless Liaison or Migrant Coordinator required.

Homeless
 Migrant
 Runaway
 Signature: _____ Date _____

Part 3: Foster Child

Check Box: If this application is for a child who is the legal responsibility of a welfare agency of court.

List the amount of the child's personal use monthly income.....\$ _____ Skip to Part 5.

Part 4: Total Household Gross Income (before deductions) You must tell us how much and how often in order to process application.

LIST EVERYONE IN HOUSEHOLD NAMES	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED <small>(Example: \$100/M(Monthly); \$100/TM(Twice a Month); \$100/EOW(Every Other Week); \$100/W(Weekly))</small>				Check Box if No Income
	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Compensation, Unemployment, SSI, etc	
	<small>Amount / How Often</small>	<small>Amount / How Often</small>	<small>Amount / How Often</small>	<small>Amount / How Often</small>	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 5: Signature and Social Security Number (Must be an Adult Household Member)

SSN: _____ / _____ / _____ OR I do not have a Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose waiver benefits and I may be prosecuted.

Date _____ / _____ / _____
 Printed Adult Name of Adult Household Member _____
 Signature of Adult Household Member _____
 Address of Adult Household Member _____

Part 6: Optional Contact Information: _____ / _____ / _____
 Work Telephone # _____ Home Telephone # _____ Home Address (Number, Street, City, State, Zip) _____ 2/15/10

Our mission is to develop caring, cooperative and confident citizens for the world.