



LOCKPORT TOWNSHIP HIGH SCHOOL DISTRICT 205  
Fee Waiver Application

**\*\* Payment Plan options are available. Contact LTHS Cashier at 815-588-8352.**

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

School Year: \_\_\_\_\_

**\*NOTE: School fees waived only for students that qualify for Free Lunches by the State of Illinois, unless verified by school official.**

Names and Grades of LTHS Students

Last Name, First Name of LTHS Student	Student Number	Circle Current Grade			
	2050 _ _ _ _ _	Freshman	Sophomore	Junior	Senior
	2050 _ _ _ _ _	Freshman	Sophomore	Junior	Senior
	2050 _ _ _ _ _	Freshman	Sophomore	Junior	Senior

Name of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

*I, the Parent or Guardian of the above-listed student(s) hereby request that the Board of Education of District 205 waive the school fee(s) pursuant to IL Rev. Stat. 105 ILCS 5/10-20.13 from Ch. 122, par. 10-20.13 Income from alimony, financial assistance, and child support must be shown, if applicable. I state that all information provided in this Fee Waiver Application is true and accurate.*

**REQUIRED INFORMATION NEEDED FOR ALL WAGE EARNERS LIVING IN YOUR HOUSEHOLD:**

- Latest Federal Income Tax Form 1040
- Current Pay Stub(s) for ALL FAMILY MEMBERS
- **SNAP/LINK 10-13 DIGIT CASE NUMBER:** \_\_\_\_\_
- **NOTE: Medical cards do NOT automatically qualify your child(ren) for free lunches**

**LIST ALL PEOPLE WHO CURRENTLY RESIDE IN YOUR HOUSEHOLD**

Number listed below **MUST** equal number listed on Federal Income Tax Form 1040 or equivalent

	Last Name	First Name	Relationship to LTHS student	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SPECIAL CIRCUMSTANCES: My family has experienced a significant loss of income due to severe illness, injury to a family member, or other. Please explain circumstances or loss, attaching documentation, such as doctor's notes, accident reports, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Parents/Guardians are advised that supplying false information to obtain a Fee Waiver is a Class 4 Felony under Illinois compiled statutes 7-20 ILCS 5/17.6. If the amount of benefit obtained is over \$300.00, it is a Class 3 Felony.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

- Fee Waiver Approved       Free Lunch Approved       Fee Waiver DENIED       Reduced Lunches Approved

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date