

Lockport School District 91
Registration Fee Payment Form/Financial Assistance Request

Please print, complete and return page 1 of this form to the office.

Students:

Name: _____ Gr _____ Name: _____ Gr _____
Name: _____ Gr _____ Name: _____ Gr _____
Name: _____ Gr _____ Name: _____ Gr _____

Registration Fee Amounts per student for 2018-2019:

Student Registration Fees:

March 30-July 5	PK or K: \$101.00	Gr 1-8: \$166.00
July 6-Start of school	PK or K: \$111.00	Gr 1-8: \$178.00

Full Payment Enclosed Amount Paid \$ _____

Payment Plan Total Amount Owed \$ _____
If establishing a payment plan, please make your first payment (1/3 of the total amount owed) when registering.
First Payment of Plan \$ _____
Second Payment due in 30 days
Final Payment due in 60 days

Any payment plan not paid in accordance with the above guideline is subject to a \$20 per student maintenance fee, and/or collection agency referral.

I would like to apply for a fee waiver We currently receive SNAP/TANF

Number of household members _____ Gross Monthly Income \$ _____

Source(s) of Income: _____

All person(s) in household receiving income: _____

Please note: All income documentation/DHS documentation, as applicable, is required at the time you apply for the fee waiver. Your fee waiver application cannot be processed without documentation! If you do not receive notification of the fee waiver approval, you cannot assume it has been approved. Unless you receive a fee waiver approval letter, you must make your full payment or establish an approved payment plan with 30 days of the start of school.

Income includes: All compensation for services, wages, salary, commissions or fees; Net income from self-employment; Social Security; Dividends or interest on savings bonds or income from estates or trusts; Net rental income; Public Assistance or welfare payments; Unemployment compensation; Government civilian employee or military retirement, or pensions or veterans payments; Private pensions or annuities; Alimony or child support payments; Regular contributions from persons not living in the household; Net royalties; and other cash income (including cash amounts received or withdrawn from any source, including savings, investments, trust accounts and other resources).

*You may be requested to provide additional income verification at any time during the school year, but no more often than once every 60 calendar days. **Supplying false information to obtain a fee waiver is a Class 4 Felony (720 ILCS 5/17-6).** I attest that the information provided on this application is true and correct. A Building Administrator's denial of a fee waiver request may be appealed to the Superintendent by submitting the appeal in writing to the Superintendent or his/her designee within fourteen (14) days of the denial. The Superintendent's denial of a fee waiver request may be appealed to the School Board by submitting the appeal in writing to the Board Secretary within fourteen (14) days of the Superintendent's denial. If appealed, the Board will reconsider the decision to deny the fee waiver request and will notify the parent/guardian in writing of the decision. The decision of the Board is final and binding.*

Parent/Guardian Signature _____ Date _____

Address: _____

I currently do not receive SNAP or TANF benefits, but I would like an application for the National School Lunch Program sent to us in August.

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If you are applying for a fee waiver, be sure to include copies of DHS benefit information (SNAP or TANF documents) and/or paycheck stubs, W2's or other documents to show proof of income received. If you only receive Medicaid benefits and are applying for a fee waiver, you must provide income documentation as well.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

This institution is an equal opportunity provider