



1235 Oak Street • Winnetka, IL 60093  
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For Office Use Only

\_\_\_\_\_ Lunch Fees

## APPLICATION FOR FEE WAIVER FOR LUNCH 2023-2024

Name of Student: \_\_\_\_\_

The Winnetka Public Schools offer lunch fee waivers for families who meet federal poverty guidelines.

I, the undersigned parent/guardian of the student named above, hereby request that the Board of Education of School District 36 waive school fees pursuant to the Illinois School Code, 105 ILCS 5/10-20.13.

I am requesting a waiver because the above-named student:

\_\_\_\_\_ Currently lives in a household that meets the free lunch or breakfast income guidelines established by the federal government pursuant to the National School Lunch Act, 42 U.S.C. §1758(b); 7 C.F.R. §§ 245 and 245.6a (105 ILCS 5/10-20.3).

\_\_\_\_\_ Has parents/guardians who are veterans or active-duty military personnel with income at or below 200% of the federal poverty line, and proof of income and veteran/active-duty military status is enclosed.

If no line was checked above, please indicate the reason(s) you are applying for a waiver for lunch:

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

### **ELIGIBILITY**

Please note the eligibility requirements listed in the attached [Board Policy](#) Statement.

You must provide written evidence of your eligibility. Acceptable documents are:

1. A copy of your 2022 Federal or state income tax return, along with a copy of all W2's
2. A copy of your payroll check stubs, two stubs for each employed parent
3. Proof of veteran/active-duty military status if applicable

### **Section 1 - Household Income**

The United States Department of Agriculture has issued the following income guidelines beginning July 1, 2023. In order for your son or daughter to be eligible for a fee waiver, your family's gross income must be at or below the levels below as specified by federal guidelines. Income eligibility for parents/guardians that are veterans or active duty military personnel must be at or below 200% of the federal poverty guidelines as shown [here](#).

Income Eligibility Guidelines for FY24 (please circle your household gross income and family size)					
Household Size	Annual Income	Monthly Income	Twice a Month	Every 2 Weeks	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
Add'l member	6,682	557	279	257	129

Income is defined as any money earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) monetary compensation for services including wages, salary, commissions or fees; 2) net income from non-farm self employment; 3) net income from farm self-employment; 4) social security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement or pensions or veteran payments; 10) private pensions or annuities; 11) alimony of child support payments; 12) regular contributions from persons not living in the household; 13) net royalties and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

### **Section 2 - Pertinent Information**

Describe any extenuating circumstances concerning your request for a fee waiver. \_\_\_\_\_

**Please check all that apply:**

\_\_\_\_\_ Waiver of lunch fees for the 2023-2024 school year

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, Sec. 17.6). I certify (promise) that all information of this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal and fee waiver benefits, and I may be prosecuted.

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

Print Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_  
Home Work Cell

Email Address (optional) \_\_\_\_\_