

## OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

9400 Southwest Highway, Oak Lawn, Illinois 60453-2372  
Telephone 708.424.5200  
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**Michael J. Riordan, Ed.D.**  
Superintendent  
**Joseph A. McCurdy**  
Assistant Superintendent/CSBO

**Jeana L. Lietz, Ed.D.**  
Principal  
**Lauren B. May**  
Assistant Principal  
**Marcus J. Wargin**  
Assistant Principal  
**Michael L. Sunquist**  
Student Services Director  
**Jeremy K. Cryan**  
Athletic Director

Dear Parent or Guardian:

August 2020

### RE: Fee Waiver Information

Oak Lawn Community High School will waive related enrollment and registration fees for students who qualify. Eligible fees include annual registration, driver education, graduation, and a one-time hall and gym lock fees. The District uses the following criteria when waiving student fees.

- The State of Illinois has provided us with a list of students who now receive **SNAP (Supplemental Nutrition Assistance Program)**, formerly called Food Stamp Program)/TANF (Temporary Assistance for Needy Families) benefits. If your student's name was included in this list and the listed address is in District 229 boundaries, your student will receive a free lunch and the eligible fees will be waived and appear as a zero amount on your student's Skyward fee statement. If you currently receive SNAP/TANF and your student's fees have not been waived, please refer to the directions at the bottom of this page on how to apply.
- If your total **household income** is the same or less than the amounts on the income chart below (Please provide the items listed in the box below as proof of household income).
- If your student is a **foster child** regardless of your income.
- Homeless, migrant, runaway, and Head Start youth are eligible.

#### INCOME CHART (Effective from July 1, 2020 to June 30, 2021)

Household Size	Monthly	Important:
2	\$1,868	<b>If applying for a fee waiver based on your gross income, please supply a complete copy of your:</b> <ul style="list-style-type: none"><li>• 2019 Federal Income Tax Return</li><li>• W-2 Forms</li></ul> <b>If your work status has changed since 2019 please also provide current proof of income (3 current pay stubs, unemployment letter, etc).</b>
3	\$2,353	
4	\$2,839	
5	\$3,324	
6	\$3,809	
7	\$4,295	
8	\$4,780	
Each additional family member	+ \$486	

- If you receive SNAP or TANF benefits for your student(s), and the Skyward fee statement does not show the eligible fees as waived, **you must provide documentation from the Illinois Department of Human Services that lists your address, student's name/birthdate, and the benefits received. The documentation must be dated no earlier than July 1, 2020. PLEASE NOTE: Medicaid Cards do not list SNAP or TANF case numbers.**

➤ OVER

- If applying for a fee waiver based on your income, a completed copy of your 2019 Federal Income Tax Return and W-2 forms must be provided so school officials can determine eligibility. If your work status has changed since 2019 please also provide current proof of income (3 current pay stubs, unemployment letter, etc.). Household income does include income from child support, pensions, social security, SSI, and unemployment. Please record amounts received for these items in the appropriate columns.
- One application per household for all students who attend Oak Lawn Community High School District 229 will be processed.
- The fee waiver process is a separate process from the National School Lunch Program. Eligibility in one program doesn't guarantee enrollment in the other.
- The State of Illinois has provided us with a list of students who now receive SNAP (Supplemental Nutrition Assistance Program, formerly called Food Stamp Program)/TANF (Temporary Assistance for Needy Families) benefits. If your student's name was included in this list and the listed address is in District 229 boundaries, your student will receive fee waiver and appear as a zero amount on your student's Skyward fee statement. If you currently receive SNAP/TANF and your student's fees have not been waived, please refer to the instructions above.

**Submission.** Please submit documentation to Oak Lawn Community High School, 9400 Southwest Highway, Oak Lawn, IL 60453; Email: [feewavier@olchs.org](mailto:feewavier@olchs.org). Parents who are unfamiliar with emails and submitting PDF documents are encouraged to ask their students for assistance. Many of our current students can use their iPad to assist parents. If email is not an option, please mail or drop-off the application. The documentation will be reviewed by the OLCHS staff. Parents will be notified of granted or denied submissions.

If you need further assistance please call Mrs. Simpson, Administrative Assistant in the Oak Lawn Community High School Business Office at 708-741-5604; [ksimpson@olchs.org](mailto:ksimpson@olchs.org).

Sincerely,



Joseph A. McCurdy  
Assistant Superintendent/CSBO

Attachment: OLCHS Fee Waiver Application

**OLCHS Fee Waiver Application** —Complete One Application Per Household Per School District. Instructions on back.

**SCHOOL USE ONLY**

Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.	Check if Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

\* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

- Homeless    Migrant    Runaway    Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

**3. Total Household Gross Income (before deductions) You must tell us how much and how often.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month, \$100 /twice a month; \$100/every other week, \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box. X X X - X X - \_\_\_\_\_  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 the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.*

Date \_\_\_\_\_ Printed Name of Adult Household Member \_\_\_\_\_ Signature of Adult Household Member \_\_\_\_\_

**5. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_ Home Telephone Number (Include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**6. Children's Racial and Ethnic Identities (Optional)**

- Mark one ethnic identity:  Hispanic/Latino    Not Hispanic/Latino
- Mark one or more racial identities:  Asian    Black or African American    Native Hawaiian or Other Pacific Islander  
 White    American Indian or Alaska Native

**— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week    Every 2 Weeks    Twice a Month    Month    Year   NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  
 Annual Income Conversion   Weekly X 52   Every 2 Weeks X 26   Twice a Month X 24   Once a Month X 12

- Free based on:**  
 homeless    migrant    runaway    Head Start
- Reduced based on:**  
 SNAP or TANF    foster child    household's income
- Denied—Reason:**  
 income too high    incomplete application    Non-qualifying SNAP/TANF

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

Signature of Determining Official \_\_\_\_\_ Date: \_\_\_\_\_