



# Community Consolidated School District 21

959 West Dundee Road • Wheeling, Illinois 60090  
847.537.8270  
www.ccsd21.org

Dr. Michael Connolly, Superintendent

## Board of Education

Debbi McAtee, *President* • Bill Harrison, *Vice President* • Jessica Riddick, *Secretary*  
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2024-2025

Dear Parent/Guardian:

CCSD 21 is offering assistance with School Fees including, but not limited to, fees for textbooks, instructional materials, field trips and class projects to families that qualify. CCSD 21 will grant a waiver of fees to students whose household income falls within the USDA's Eligibility Guidelines.

In order to participate in the program, the parent or legal guardian of the student(s) must complete the Fee Waiver application and **supply proof of income**. Proof of income must be **one** of the following:

- Previous year's Tax Return
- SNAP or TANF Certification Notice that shows dates of certification
- Documentation that verifies that the child is a foster child
- One month's recent paystubs that shows the amount and how often pay is received; or a letter from employer stating gross wages and how often you are paid
- Social Security retirement benefit letter, statements of benefits received, or pension award letter
- Notice of eligibility from State employment security office, check stub, or letter from the Workers' Compensation office
- Court decree, agreement, or copies of checks received for child support or alimony
- If you have no income, a brief note will need to be provided explaining how you provide food, clothing, and housing for your household.
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**Please note:** All questions on the application must be answered and proof of income provided or your application will be denied. Applications can take up to 10 operating days to process.

A letter will be mailed to your home address stating if the fee waiver is granted or denied. If the application is denied, the parent or legal guardian of the student will be responsible for paying any fees.

If you do not agree with the District's decision, you may discuss it with the school's eligibility official, Cindy Kile, at 847-520-2706. If you wish to review the decision further, you may appeal the decision by calling or writing:

Michael Zagar  
Director of Business Services/CSBO  
959 West Dundee Road  
Wheeling, IL 60090  
847-520-2773

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, an increase in household size, or become unemployed, you may submit a new application at that time.

Should you have questions, please call Cindy Kile at 847-520-2706.

Sincerely,

*Michael Zagar*

Michael Zagar  
Director of Business Services/CSBO



Part 1. List the names of ALL household members below:

Table with 4 columns: FIRST NAME, LAST NAME, SCHOOL NAME/GRADE (for Students only), TANF/SNAP NUMBER

If you need to add more household members please list them on a separate sheet of paper.

Part 2. Homeless, Migrant, Runaway, or Foster child: [ ] Homeless [ ] Migrant [ ] Runaway [ ] Foster Child

Part 2a. Signature of Homeless Liaison:

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

Table for Gross Income and How Often It Is Received. Includes columns for Earnings from Work, Welfare/Child Support, Pensions/Retirement, and Worker Comp/Unemployment.

Part 4. Signature

Form for Part 4 signature with fields for Date, Printed Name of Adult Household Member, and Signature of Adult Household Member.

Part 5. Contact Information

Form for Part 5 contact information with fields for Work Telephone Number, Home Telephone Number, and Home Address.

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs.

Non-discrimination Statement: Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

SCHOOL USE ONLY - DO NOT FILL OUT THIS PART

INITIAL DETERMINATION Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ Per: [ ] Week [ ] Every 2 Weeks [ ] Twice a Month [ ] Month [ ] Year NUMBER IN HOUSEHOLD:

Form for Fee Waiver status: [ ] Fee Waiver Approved [ ] Fee Waiver Denied - Reason: [ ] income too high [ ] incomplete application

Signature of Determining Official: Date: