



EVERGREEN PARK COMMUNITY HIGH SCHOOL DISTRICT 231
 9901 S. Kedzie Avenue Evergreen Park, Illinois 60805-3416
 Phone: 708/424-7400 Fax: 708/424-7497
 www.evergreenpark.org



I, the undersigned parent or guardian of the below student (s), do hereby request the Board of Education of District 231 waive the appropriate school fees normally assessed for the following student(s) who is (are) enrolled at Evergreen Park Community High School for the 2022-23 school year.

EPCHS Student(s):

I understand that I must submit proof of income **for all individuals living at my residence, whether or not they provide financial support for my children.** I consent to provide copies of the following documents for review by school officials in order to determine if our family qualifies for the waiver of fees:

- () **2021 federal income tax forms with all attachments and W2 forms;**
- () **Earnings from Work: Wages/salaries/tips; strike benefits; unemployment compensation; Workers' compensation; net income from a self-owned business or farm;**
- () **Pensions/Retirement/Social Security: Pensions, 401K & 403B disbursements, supplemental security income, retirement income, veteran's payments, social security;**
- () **Welfare/Child Support/Alimony: Alimony and child support payments, public assistance payments; welfare payments;**
- () **Other Income: Disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, and regular contributions from persons not living in the household, net royalties, annuities, net rental income, and any other income.**

_____ Date: ___/___/___
 Signature of Parent/Guardian

FOR SCHOOL USE ONLY (Do not write below this line)

Total Household Size: _____ **Annual Income:** \$ _____

Homeowner **Renter** **Lives with** **Homeless** **Foster Child**

Staff Notes:

Fee Waiver Approved: _____ **Fee Waiver Denied:** _____ **Date:** ___/___/___

 Signature of Determining School Official

 Reason for Denial