CASEY-WESTFIELD CUSD #C-4 2017-2018

PK-6 REGISTRATION FEE WAIVER REQUEST FORM

complete and submit to any district office

ALL HOUSEHOLD MEMBERS

List ALL household members:	Grade	SNAP or TANF case number	Check if Foster Child
		- - -	
		- - -	
		- - -	
		- - -	
		- - -	
		- - -	
		- - -	
		- - -	

CHECK IF STUDENTS ARE:

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

TOTAL HOUSEHOLD GROSS INCOME

List each household member who has income (before deductions). State how much and how often.

NAMES (list all household members with income)	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (all other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
1								
2								
3								
4								
5								
6								
7								
8								

Printed Name _____ Date _____ Signature _____

Telephone Number _____ Home Address _____

SCHOOL USE ONLY

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: _____

☐ Approved to receive registration fee waiver based on:

- ☐ homeless
- ☐ SNAP or TANF
- ☐ household's income
- ☐ migrant
- ☐ foster child
- ☐ runaway
- ☐ Head Start

☐ Not approved to receive registration fee waiver

Signature of Determining Official: _____ Date: _____