

REGISTRATION FEE ASSISTANCE 2025-2026

Dear Parent / Guardian,

District 75 offers assistance to qualifying families for school fees.

The District uses the Federal Free and Reduced income eligibility guidelines to determine the eligibility for assistance.

Eligibility is based on family income per the Federal Income Eligibility Guidelines. **All** household members that receive ANY type of compensation (*full or part time employment, unemployment, alimony, child support, social security, worker's compensation, etc.*) **MUST report the GROSS (before taxes) income amount.**

All applications require submission of income documentation.

Acceptable proof of Income includes:

JOBS: (2) Paycheck stub that shows the GROSS amount and how often pay is received, or letter from employer stating GROSS wages and how often they are received, or business owner papers showing profit/loss and taxes. **INCOME TAX RETURNS WILL NOT BE ACCEPTED**

SOCIAL SECURITY, OR PENSIONS: SS retirement benefit letter or statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY OR WORKERS COMPENSATION: Notice of eligibility from State employment security office, or check stub or letter from Worker's Compensation.

WELFARE: Benefit letter from welfare agency.

CHILD SUPPORT or ALIMONY: Court decree, agreement or copies of checks received.

IF NO INCOME IS RECEIVED: Submit a written explanation of any extenuating circumstances that you would like the district officials to consider.

Please submit application and income documentation to the District Office located at 470 N Lake St. Mundelein, IL 60060



APPLICATION FOR REGISTRATION FEE ASSISTANCE

PLEASE COMPLETE AND RETURN WITH YOUR PROOF OF INCOME/ELIGIBILITY

Part 1. List ALL Household Members						
Print Name(s)			Grade	Student ID (If Known)		
Part 2. Total Household Income						
Name GROSS amount /(how often?) weekly, biweekly, twice a month or annually.						
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Household member with	Earnings from work	Welfare, Child	Pensions,	Unemployed, Workers		
ncome	before deductions	Support, Alimony			other (savings)	
	\$/	\$/	\$	\$/		
	\$/	\$/	\$/	\$/	\$/	
	\$/	\$/	\$ <u>/</u>	\$/	\$/	
	\$/	\$/	\$ <u>/</u>	\$/	\$/	
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Part 3. Signature, Address, and Phone Number						
I certify that the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application, and the deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.						
Signature:Address:			Phone #			
Stop Here - School Use Only						
Household size Income/Frequence						
Eligibility: Free Reduced Denied(reason) Veterans or Active-Duty Military						
Approved by:				Date:		