2015-2016 Application for OPRFHS IMF/District Fee Waiver

1. Using the *Instructions to Apply for a OPRFHS IMF/District Fee Waiver*, completely fill out the form below.
2. **Copies of** **a. Proof of family size** **b. Proof of all income** <u>MUST accompany this form for application to be considered.</u>
3. Parent/Guardian must sign and certify all information is true and ALL income is reported.
4. Deadline: <u>**Friday, July 31, 2015**</u> - *mail or drop off to: OPRFHS - Attn: Waiver Clerk - 201 N. Scoville Avenue, Oak Park, IL 60302*

Please Note: *Qualification for Free/Reduced Lunch is a separate process through the Food Service Department and <u>has no affect</u> on qualifying for the IMF/District Fee Waiver.*

List EVERYONE in Household (please print) — If student, include school attending, grade & ID#	**Gross Income and how often it is received - include amounts for ALL sources** (see Guidelines) — Example: $400/week, $800/every 2 weeks, $1720/month						
	CURRENT EARNINGS FROM WORK before any deductions	**UNEMPLOYMENT COMP, DISABILITY COMP OR WORKER'S COMPENSATION**	**PENSIONS, RETIREMENT, SOCIAL SECURITY**	**WELFARE, ALIMONY, CHILD SUPPORT**	**ALL OTHER INCOME** (specify)	**TOTAL INCOME**	**Proof Attached**
Parent/Guardian #1							☐
Parent/Guardian #2							☐
Child #1							☐
Child #2							☐
Child #3							☐
Child #4							☐
Child #5							☐
☐ Additional children listed on back							

I attest that all information on this application is true and all income is reported. I understand school officials may verify (check) the information.
I understand if I purposely give false information, my children may lose waiver benefits and I may be prosecuted.

PRINTED Name of Parent/Guardian   SIGNATURE of Parent/Guardian   DATE

Contact Info: HOME ADDRESS _____   TELEPHONE _____
number, street, city, zip code   work/home/cell