

APPLICATION FOR PRIVATE SCHOOL LOW-INCOME COUNT

2024– 2025 School Year

PART 1: List the names of all household members below:									
FIRST NAME	LAST NAME	TYPE OF MEMBER			SCHOOL NAME / GRADE				
1.		Parent/Guardian/Other							
2.		Parent/Guardian/Other							
3.		Student / Child							
4.		Student / Child							
5.		Student / Child							
IF ONE OR MORE STUDENTS LISTED ABOVE PARTICIPANT IN SCHOOL SPORTS / ATHLETICS CHECK THIS BOX: <input type="checkbox"/>									
PART 2: Homeless, Migrant, Runaway, or Foster child: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Foster Child									
PART 3: Total Household Gross Income (before deductions)									
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) *If you have no income to report see the back of this form.		Gross Income and How Often It Is Received (<i>Hourly rates are not acceptable</i>) <i>Example: \$100/monthly; \$100/twice a month; \$100/every other week; \$100/weekly</i>							
		Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker Comp, Unemployment, SSI, etc. (All Other Income)	
		Amount	How Often Paid?	Amount	How Often Paid?	Amount	How Often Paid?	Amount	How Often Paid?
1.		\$		\$		\$		\$	
2.		\$		\$		\$		\$	
3.		\$		\$		\$		\$	
4.		\$		\$		\$		\$	
PART 4: Complete Applicant's information below:									
I certify (promise) that all information on this application is true and that all income is reported. I understand that written documentation is required and school officials may verify (check) the information. I understand that if I purposely give false information, I shall be guilty of a Class C misdemeanor and may be prosecuted. (105ILCS 5/10-20.12b)									
_____ Date		_____ Applicant's Printed Name				_____ applicant's Signature			
(_____) _____ Daytime Telephone Number		_____ Home Address (Number, Street)							
		_____ ZIP							
PART 5: Notification Service – If you wish to be notified of the status of your application you must provide a valid email address or cell phone number that accepts text messages. We will no longer send out notifications in the mail.									
(_____) _____ Cell Phone # that can receive text messages									
_____ Email address for Notification – PLEASE PRINT CLEARLY									
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. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide is as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.									
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. To file a complaint of discrimination, write U.S. Department of Education, Office of Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.									
Do not fill out this part. This is for office use only. Annual Conversion: Weekly X 52 Every Two Weeks X 26 Twice a Month X 24 Monthly X 12									
Total Income \$ _____		Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year					Number in Household: _____		
<input type="checkbox"/> Fee Waiver Approved		<input type="checkbox"/> Fee Waiver Denied -Reason: _____					<input type="checkbox"/> Income too high		
Signature of Determining Official: _____							Date: _____		

RETURN COMPLETED FORMS TO: PRIVATE SCHOOL PRINCIPAL

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD

This form is for informational purposes only to determine the Private School's eligibility in order to obtain a share of Federal Title I money for said Private School.

Part 1: List all household members' names and circle the appropriate member type and provide the school name and grade for all district students.

Part 2: If you are completing this form for a Homeless, Migrant, Runaway or Foster Child – check the appropriate box.

Part 3: List the names of all household members who receive income. Report gross income and how often it is received.

- Gross income is the amount of income earned before taxes and other deductions.
- We will not accept income reported at an hourly rate.
- You may be asked to provide proof of income.

*** If you do not have any income to report, please supply documentation as to why there is no income in the household and how you are providing for your family. We can accept a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income to be received.**

Part 4: Complete the form with the date, printed name, signature, daytime phone number, and **home address**.