CENTRAL A & M COMMUNITY UNIT DISTRICT 21
2026-2027

To: Central A & M Parents

From: Mrs. Sacha Young, Superintendent

Re: School District policy concerning the
Waiver of certain school fees

The Board of Education establishes book rental, fees and other charges to help fund certain components of school and school activities. The Board also recognizes that some students may be unable to pay these fees and acknowledges that students shall not be denied educational services or academic credit due to the inability to pay fees and charges.

Students whose parents are unable to afford such fees may receive a waiver of fees for all required textbooks and instructional materials, except for:

1. Charges relating to locks, towels, or laboratory equipment.
2. Charges for field trips.
3. Charges for uniforms or equipment related to sports or fine arts.
4. Charges to participate in extracurricular activity.
5. Charges for supplies required for a particular class.
6. Driver's education fees.
7. Graduation fees.
8. Miscellaneous charges, such as library fines, lost book charges, damage to school-owned materials, class rings, yearbooks, pictures, admission to school activities, charges for optional travel.
9. Technology fees.

Applications for fee waivers of fees shall require that at least one of the following requirements be met:

1. The student is currently receiving aid under TANF/SNAP.
2. The student is under the legal responsibility of a foster care agency or court regardless of income.
3. The student's family is currently eligible under the guidelines of family-size income levels prescribed annually by the Secretary of Agriculture.

Consideration of other factors may be considered by the building principal when determining approval.

For additional information regarding fee waiver procedures or to receive an application, contact your child's school office.

CENTRAL A & M COMMUNITY UNIT DISTRICT 21
2026-2027 APPLICATION FOR FEE WAIVER

STUDENT SCHOOL GRADE

_____

_____

_____ _____

_____

I, the undersigned parent/guardian of the above-named student, hereby request that the Board of Education of Central A & M Community Unit District 21 waive qualifying student education fees.
I further state, in support of this waiver request, that at least one of the following statements is true and accurate.

Please check all that apply:
_____ Receive benefits under SNAP/TANF
_____ Foster child
_____ I have received a notice of Direct Certification and I do not need to complete a Free Lunch Application.
_____ I have completed and submitted a Free Lunch Application to be processed for the 26/27 school year.

Your child(ren) may qualify for approved Fee waiver if the household income falls below the limits on this chart.

Income Eligibility Guidelines Effective from July 1, 2026, to June 30, 2027											
	Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,748	1,729	865	798	399	1	29,526	2,461	1,231	1,136	568
2	28,132	2,345	1,173	1,082	541	2	40,034	3,337	1,669	1,540	770
3	35,516	2,960	1,480	1,366	683	3	50,542	4,212	2,106	1,944	972
4	42,900	3,575	1,788	1,650	825	4	61,050	5,088	2,544	2,349	1,175
5	50,284	4,191	2,096	1,934	967	5	71,558	5,964	2,982	2,753	1,377
6	57,668	4,806	2,403	2,218	1,109	6	82,066	6,839	3,420	3,157	1,579
7	65,052	5,421	2,711	2,502	1,251	7	92,574	7,715	3,858	3,561	1,781
8	72,436	6,037	3,019	2,786	1,393	8	103,082	8,591	4,296	3,965	1,983
For each additional family member, add	7,384	616	308	284	142	For each additional family member, add	10,508	876	438	405	203

I have reviewed the District Fee Waiver Policy and am aware that supplying false information to obtain a fee waiver is a Class 4 felony. I attest that the statements made herein are true and correct.

I have made a down payment in the amount of $_____ and agree to make monthly payments of $_____ in order to have the account paid in full at the end of the current school year.

_____ _____ _____
Signature of Parent or Guardian Print Name of Parent or Guardian Date

_____Approved _____Denied _____ _____By_____Date