

Application for Fee Waiver

To be Submitted to the Business Office

Name of Student: _____ Date: _____

This fee waiver is being requested for: _____
(books/materials, technology, busing or other)

Please place an "X" below next to each reason for the Fee Waiver request.

_____ The above named student (or student's family) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children (AFDC). Attach documentation to support the claim of receipt of AFDC.

_____ The above named student is currently eligible for free meals pursuant to applicable federal and state statute, rule and/or regulation. Attach a copy of the approved Free/Reduced Meal Application (Applications are available in the District Business Office).

_____ While none of the above two statements are true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are: **(describe in detail and include your estimated annual household income including salary, wages, alimony, child support, social security etc....)**.

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent/Guardian (please print)

Address

Signature

Date