

TO BE SUBMITTED TO THE SUPERINTENDENT

APPLICATION FOR FEE WAIVER

Name of Student: _____

School: _____

Purpose of Fee: _____

Amount of Fee: _____

I, the undersigned parent/guardian of _____, hereby request that the School Board of School District #36 waive the above-mentioned school fee pursuant to Illinois Revised Statutes, Ch. 122, para. 10-20.13.

I further state, in support of this waiver request, that one of the following statements is true and accurate (please check at least one box):

_____ The above-named student is currently receiving aid under Article IV of the Illinois Public Aide Code (Aid to Families with Dependent Children (AFDC) and I am enclosing evidence of participation in AFDC;

_____ The above-named student is currently eligible for Free or Reduced Price Meals pursuant to Ill. Rev. Stat., ch. 122, para. 712.1 et seq.;

_____ While none of the above two statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above-named student. These other reasons are described in detail:

I have reviewed the District's policy and am specifically aware that applying false information to obtain a fee waiver is a Class 4 felony (Ill. Rev. Stat., ch. 38, para. 17-6). I attest that the statements made herein are true and correct.

Signature: _____

Name of Parent/Guardian: _____
(PLEASE PRINT)

Address: _____

Date: _____