

UNION RIDGE SCHOOL DIST. 86
HARWOOD HEIGHTS, IL 60706

APPLICATION FOR FEE WAIVER

TO BE SUBMITTED TO PRINCIPAL:

Name of Student(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Purpose of Fee: _____

I, the undersigned parent(s)/guardian(s) of above student(s), hereby request that the School Board of Union Ridge School District. 86 waive the above-mentioned school fee.

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(s) (or student's family) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children, AFDC) and evidence of participation is enclosed;

The above-named student is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq.;

While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student(s) which are (describe in detail):

I have reviewed the District's policy and am specifically aware that 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.

Signature of Parent/Guardian: _____

Name of Parent/Guardian (please print): _____

Address: _____

City/Zip: _____ Date: _____