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Ingleside, IL 60041
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FEE WAIVER APPLICATION
2019/2020 SCHOOL YEAR

This form should be returned via email to stephaneywiley@bighollow.us or can be mailed to her attention. Thank you

Section 1

Student(s) Name *(please list below)*

Grade

_____	_____
_____	_____
_____	_____
_____	_____

I, the undersigned parent/guardian of the student(s) named above, hereby request that the Board of Education of Big Hollow School District 38 waive the fee for registration.

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

- _____ **a.)** The above-named student(s) family is currently receiving aid under Article IV of the Illinois Public Aid Code (AFDC – Aid to Families with Dependent Children)
- _____ **b.)** The above named student(s) is currently eligible for Free/Reduced Meals pursuant to 105 ILCS 125/1 et seq. [Ill. Rev. Stat., ch. 122,712.1 et seq.];
- _____ **c.)** While neither 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 described in detail below **(You must also complete section 2 of this form):**

PLEASE NOTE:

You must complete this form in full to apply for a fee waiver.

Section 3 must be completed and signed.

You will NOT automatically receive a waiver because you applied for free or reduced meals.

Section 2-Complete only if you checked line C in section 1.

INCOME INFORMATION NEEDED

1. List the names of **everyone** living in your household, including the children listed previously.
If you need more space, attach a separate sheet.
2. For each person who receives income, write the **gross income per month** after their name.
Put the amount of income under the group it belongs: earnings, welfare, pension, or other.
Income is all money received before taxes or before anything else has been taken out.

Household Members	Earnings from Work BEFORE Deductions (per month)	Welfare, Alimony AFDC, Child Support (per month)	Pensions Soc. Security Retirement (per month)	Other Income (per month)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

Section 3

I have reviewed the District’s policy and I am aware that supplying false information to obtain this fee waiver is a Class 4 felony (720 ILCS 5/17-6 [Ill. Rev. Stat., ch. 38, 17-6]). I attest that the statements made herein are true and correct.

Signature _____
Typing your name in the signature field is evidence of your signature and acknowledges all information submitted is accurate and correct.

Print Name _____

Address _____

City/Zip _____

Date _____