

Application for School Fee Waiver

If you are applying for a School Fee Waiver, please do not pay your school fees until you have received a response to this request. Please read Board Regulations: School Fees and Waiver of School Fees prior to submitting this request. Submit this completed form to: Business Services.

| <p align="center"> NAMES OF ALL CHILDREN IN SCHOOL (Use separate application for each foster child) FIRST, MIDDLE INITIAL, LAST (PLEASE PRINT) </p> | <p align="center">SCHOOL</p> |
|---|-------------------------------------|
| | |
| | |
| | |
| | |

As the parent/guardian of the above-name student(s), I request a waiver of school fees. I am asking for a waiver of school fees because: *(please check at least one box)*

- 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) and evidence of participation is enclosed;
- The above-named student(s) currently live(s) in a household that meets the free lunch or breakfast eligibility guidelines established by the federal government pursuant to the National School Lunch Act.
- 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: *(describe in detail)*

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

Revised: April 14, 1997
November 9, 1998
August 12, 2002
June 14, 2004
July 1, 2006
February 10, 2010
July, 2011