

**APPLICATION FOR FEE WAIVER (one per family)**

**Please Note: Families must qualify for the free/reduced lunch program in order to have school fees waived. If you have special circumstances please call 815-467-3127 for consideration.**

Clearly print first and last name of student(s): \_\_\_\_\_

I, the undersigned parent/guardian of the above listed child (ren) hereby request that the School Board of District #201 waive the school fees 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 Aid 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 III. Rev. Stat. Ch. 122, para. 712.1, et seq.
- The above names student is from a household whose gross income is at or below the eligibility guidelines set by the United States Department of Agriculture.
- While none of the three above statements are true or accurate, there are other reasons why I am unable to afford the school fees assessed to the above named student (s) (Describe in detail).

These other reasons are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the District's policy 4:140 and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 Felony (III. Rev. Stat., ch, 38, para. 17-6). I attest that the statements made herein are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print the following information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street Address and City \_\_\_\_\_

Policy adopted: July 25, 2000