

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Need Proof: \_\_\_\_\_

**APPLICATION FOR FEE WAIVER - 2016-2017**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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Purpose of Fee: REGISTRATION Amount of Fee: \$42 per child (K-5th Gr.) \$50 per child (6-8<sup>th</sup> Gr.)

As the undersigned parent/guardian of above-named student(s), I hereby request that the Board of Education of School District #34 waive the above mentioned school fees pursuant to Illinois Revised Statutes ch. 122; 10-20.13. 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 (Temporary Assistance for Needy Families, TANF) and evidence of participation is enclosed;
- The above-named student is currently eligible for Free/Reduced meals pursuant to Illinois Revised Statutes ch. 122; 712.1et seq.;
- The above named student is from a household whose gross income is at or below the levels shown.

**FREE**

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
1	\$15,444	\$1,287	\$297
2	20,826	1,736	401
3	26,208	2,184	504
4	31,590	2,633	608
5	36,972	3,081	711
6	42,354	3,530	815
7	47,749	3,980	919
8	53,157	4,430	1,023
Each Add'l Family Mbr Add	+5,408	451	104

Enclosed is written evidence that the household income is at/below the level indicated.

- While none of the above three statements is true and accurate, there are other reasons why I am unable to afford the school fee(s) assessed to the above named student(s). These other reasons are (described 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 (Ill. Rev. Stat. ch. 38, Par. 17-6). I attest that the statements made herein are true and correct.

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

Name of Parent/Guardian: \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_

City/St: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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