

**Application for Fee Waiver**

**To be Submitted to the Business Office for the Chief School Business Official to Review**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

This fee waiver is being requested for: \_\_\_\_\_  
(books/materials, technology, busing or other)

Please place an "X" below next to each reason for the Fee Waiver request.

\_\_\_\_\_ 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). Attach documentation to support the claim of receipt of AFDC.

\_\_\_\_\_ The above named student is currently eligible for free meals pursuant to applicable federal and state statute, rule and/or regulation. Attach a copy of the approved Free/Reduced Meal Application (Applications are available in the District Business Office).

\_\_\_\_\_ While none of the above two statements are true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are: **(describe in detail and include the number of people living in your household and your estimated annual household income including salary, wages, alimony, child support, social security etc....)**.

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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