



Application for Fee Waiver

(Form will need to be completed for each school)

Date _____ / _____ / _____

Student Name(s) _____ School _____

As the parent/ guardian of the above-named 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)

- Foster Child(ren)
- The above named student(s) (or student family) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aide to Families with Dependent Children, AFDC) and evidence of participation is enclosed.
- The above named student(s) currently lives in a household that meets the free/reduced lunch or breakfast eligibility guidelines established by the federal government pursuant to the National School Lunch Act, 42 U.S.C.§1758; 7 C.F.R. Part 245
- While none of the above two statements are true, there are other reasons why I am unable to afford the school fee(s) assessed to the above-named student(s) which are: (please 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 statement made herein are true and correct.*

Parent/ Guardian (please print)

Parent/ Guardian Signature

Address

Principal's Signature

City, State, Zip

Superintendent's Signature