

**Operational Services**

**Exhibit - Application for Fee Waiver**

To be submitted to the Authorized District Representative

Student's Name <i>(please print)</i>	School	Grade

As the parent/guardian of the above-named student, 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 currently lives in a household that meets the free 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 statements is 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)*

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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

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School Use Only

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Approved \_\_\_\_\_ Free

Denied \_\_\_\_\_

Approved \_\_\_\_\_ Reduced

By \_\_\_\_\_

Date \_\_\_\_\_

ADOPTED: April, 2005

REVIEWED: September 30, 2008

REVISED: January 26, 2010