

**4:140-E1-Operational Services**

**Application for Fee Waiver**

**Student's Full Name (please print)**

**Student's School ID Number**

**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 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 is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq.;
- 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 described in detail below:

---



---



---



---



---

**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's Name (please print)**

**Parent/Guardian's Phone Number**

**Address**

**\* Parent/Guardian's Email Address (please print)**

**City**

**State**

**Zip**

**Parent/Guardian's Name Signature**

**Date**

**\* Notification of approval requires an email address.**

Dated: January 1, 2001  
Revised: June 18, 2012

**4:140-E2-Operational Services**

**Response to application for Fee Waiver, Appeal, and Response to Appeal**

Response to Application for Fee Waiver (To Parents)

**Student's Name (please print)**

- Request granted
- Request denied for the following reason(s)

**If your request was denied, you may appeal in writing by completing the following portion of this form and submitting it to the Superintendent within 14 days of your receipt of this decision. If you appeal this decision, you have the right to meet with the Superintendent or designee to explain why the fee waiver should be granted. You may reapply at any time if circumstances changes.**

<b>Building Principal</b>	<b>Date</b>
---------------------------	-------------

*Appeal of Denial of Fee Waiver (To be submitted to the Superintendent)*

- I am exercising my right to appeal the Building Principal's denial of my request to waive the fee described above.**
- I would like to explain why the fee waiver should be granted during a telephone conversation or during a meeting with the person who will decide my appeal. (If you check this box, someone from the Superintendent's office will contact you to make arrangements.)**

<b>Parent/Guardian (please print)</b>	<b>Telephone Number</b>
---------------------------------------	-------------------------

<b>Parent/Guardian Signature</b>	<b>Date</b>
----------------------------------	-------------

The Superintendent's office will notify you of the results of your appeal in approximately 14 calendar days.

**Response to Appeal Fee Waiver Denial (To Parents)**

- I have reviewed your appeal.
- Request granted
- Request denied for the following reason(s):

<b>Superintendent Signature</b>	<b>Date</b>
---------------------------------	-------------