

APPLICATION FOR FEE WAIVER

To be submitted to the bookkeeper

Student's Name (please print) Virginia CUSD #64
School

Student's Name (please print)

Student's Name (please print)

Student's Name (please print)

As the parent/guardian of the above names student, I request a waiver of school fees. I am asking for a waiver of school fees because (please check at least one)

___ 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 names 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;

___ 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)

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)

Signature

Date