



FEE WAIVER APPLICATION

DATE: _____

Parent/Guardian Name _____	Home Phone _____								
Relationship _____	Work Phone _____								
Home Address _____	School (Circle One)								

	<table style="display: inline-table; border: none;"> <tr> <td>BGHS</td> <td>EGHS</td> <td>FVAS</td> <td>JHHS</td> </tr> <tr> <td>PHS</td> <td>RMHS</td> <td>VAN</td> <td>WHS</td> </tr> </table>	BGHS	EGHS	FVAS	JHHS	PHS	RMHS	VAN	WHS
BGHS	EGHS	FVAS	JHHS						
PHS	RMHS	VAN	WHS						
Student Name _____	ID # _____	Year in School	9	10	11	12			
Student Name _____	ID # _____	Year in School	9	10	11	12			
Student Name _____	ID # _____	Year in School	9	10	11	12			
Student Name _____	ID # _____	Year in School	9	10	11	12			

I, the parent/guardian of the above listed student(s) hereby request that the Board of Education of District 214 waive the school fee(s) pursuant to IL Rev. Stat. CH. 122 Par. 10-20.13. I further state in support of this waiver request that the following is true and accurate. Please fill out completely, submit ALL that apply for all wage earners in your household, and attach copies of appropriate forms:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Income Tax Form(s) 1040 and W-2 Forms-REQUIRED | <input type="checkbox"/> Verification of Medicaid Eligibility |
| <input type="checkbox"/> Copy of Current Pay Stub(s) for all family members-REQUIRED | <input type="checkbox"/> Proof of Unemployment |
| <input type="checkbox"/> Verification of "Foster Child" Status | <input type="checkbox"/> Proof if on Disability |
- NUMBER OF MEMBERS IN HOUSEHOLD (must equal number from list below)

Names List everyone in household	Relationship	Age	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, Workers Comp, Unemployment, SSI, (All Other Income)	Check if no income
1.			\$	\$	\$	
2.			\$	\$	\$	
3.			\$	\$	\$	
4.			\$	\$	\$	
5.			\$	\$	\$	
6.			\$	\$	\$	
7.			\$	\$	\$	
8.			\$	\$	\$	

Special Circumstances: My family has experienced a significant loss of income due to severe illness, injury to a member of the family or other. Please explain circumstance or loss attaching documentation, such as doctor's notes, accident report, etc.

I understand that Illinois Revenue Statute Chapter 28, paragraph 17-6, provides that supplying false information to obtain a fee waiver is a Class 5 felony.

Parent/Guardian Signature _____

Parent/Guardian Social Security Number _____ Date _____

FOR SCHOOL USE ONLY

Application Completed Date _____ Gross Income Total _____

Prior Years Unpaid Fee Amounts _____

Approval Yes No Deferral (copy of form attached)

Reason _____

School Official's Signature _____ Date _____