



**Township High School District 214  
FEE WAIVER  
APPLICATION**

DATE: \_\_\_\_\_  
SCHOOL YEAR: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ School (Circle One) BGHS EGHS JHHS PHS  
 \_\_\_\_\_ RMHS TAFV 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

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. 105 ILCS 5/10-20.13 from Ch. 122, par. 10-20.13. I further state in support of this waiver request that the following is true and accurate. Income from alimony, financial assistance and child support must be shown, if applicable. Please provide the following forms for all wage earners in your household.

- Copy of Current Pay Stub(s) for all family members-REQUIRED
- Copy of Income Tax Form(s) 1040 and W-2 Forms-REQUIRED

The forms below may also be considered if applicable. Attach copies of appropriate forms.

- Verification of Medicaid Eligibility
- Proof of Unemployment
- Miscellaneous Proof of Income
- Verification of Foster Child Status
- Proof if on Disability

Number of Members in Household must equal number of members listed on Form 1040 or equivalent

Names	List everyone in household	Relationship	Age
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.

Parents/Guardians are advised that supplying false information to obtain a fee waiver is a Class 4 Felony under Illinois compiled statutes 7-20 ILCS 5/17.6. If the amount of benefit obtained is over \$300, it is a Class 3 Felony.

If I request the deferred payment option, I agree to pay \$100 at registration with the balance due in 3 equal installments payable on 10/1, 11/1 and 12/1. I understand that failure to pay fees as specified may result in the district withholding student's official transcript and/or restrictions on the student's participation in school privileges including, but not limited to, attendance at school dances, parking privileges, and non-curricular trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Application Completed Date \_\_\_\_\_ Gross Income Total \_\_\_\_\_  
 Prior Years Unpaid Fee Amounts \_\_\_\_\_  
 Approval  Yes  No Reason \_\_\_\_\_  
 Deferred Payment Plan  Yes  No  
 School Official's Signature \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_





SOLICITUD DE EXENCIÓN GRATUITA

FEE WAIVER

FECHA: AÑO ESCOLAR:

Form fields for Name of Parent/Tutor, Relationship, Address, Phone, School, Student Name, and Student ID/Year.

Yo, el padre/tutor del estudiante(s) mencionado previamente, por la presente solicito que la Junta de Educación del Distrito 214 exceptúe el costo(s) escolar, de acuerdo con IL Rev Stat. 105 ILCS 5/10-20.13, Ch. 122, par. 10-20.13.

- Copia de Formulario(s) de Impuestos al Ingreso 1040 y W-2-REQUERIDOS
Copia de Talón(es) de Pago Actual de todos los miembros familiares-REQUERIDO

- Los siguientes formularios también pueden ser considerados en su caso. Adjunte copias de las formas apropiadas.
Verificación de Aptitud para Medicaid
Comprobante de Desempleo
Prueba de Ingresos Adicionales
Verificación de la Situación de "Niño Adoptivo"
Comprobante en Caso de Haber Incapacidad

Número de miembros en el hogar debe ser igual número de miembros que figuran en el Formulario 1040 o equivalente

Table with 4 columns: Nombres, Incluye a todas las personas que vivan en su hogar, Relación, Edad. Rows 1-8.

Circunstancias Especiales: Mi familia experimentó una pérdida de ingresos importante debido a enfermedad grave, lesión de un miembro de la familia u otra causa.

Entiendo que el Capítulo 28 del Estatuto de Ingresos de Illinois, párrafo 17-6, indica que suministrar información falsa para obtener una exención gratuita es un delito grave de Clase 4.

Si solicito la opción de pago diferido, estoy de acuerdo en pagar \$100 el día de la inscripción con el saldo a pagar en 3 cuotas iguales pagadero en 10/1, 11/1 y 12/1.

Firma del Padre/Tutor Fecha

SÓLO PARA USO DE LA ESCUELA - FOR SCHOOL USE ONLY

School use fields: Application Completed Date, Gross Income Total, Prior Years Unpaid Fee Amounts, Approval, Deferred Payment Plan, School Official's Signature, ID #, Date.