

Stewardson-Strasburg CUSD 5A

Application for Fee Waiver

Name of Student _____

Grade: _____

Purpose of Fee: _____

Amount of Fee: _____

I, the undersigned parent/guardian of _____

Request that the Stewardson-Strasburg CUSD 5A school board waive the above-mentioned school fee pursuant to Illinois Revised Statutes, ch. 122, para. 10-20.13

I further state, in support of this waiver request, that one of the following statements is true and accurate (please check at least one)

_____ 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 I am enclosing evidence of participation in AFDC;

_____ The above named student is currently eligible for Free or Reduced Price Meals pursuant to Ill. Rev. Stat., ch. 122, para 712.1 et seq., and evidence is on file.

_____ While none of the above two statements is true and accurate there are other reason why I am unable to afford the school fee assessed to the above named student. Theses other reasons are described in detail below:

I have reviewd the District’s policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony (Ill. Rev. Stat.,ch. 38, para. 17-6). I attest that the statements made herein are true and correct.

Signature: _____
Parent/Guardian

Address: _____

Name of Parent/Guardian (please print)

Date: _____

Not approved

Approved _____
Authorized Signature