

APPLICATION FOR FEE WAIVER / REDUCTION

Name of Student: _____ Grade: _____

Purpose of Fee: Book/Technology Fee

Amount of Fee: _____

I, the undersigned parent/guardian of _____, hereby request that the School Board of Rankin School District #98 waive/reduce the above-mentioned school fee pursuant to Illinois Revised Statutes, ch. 122, paragraph 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 Meals pursuant to IL Rev. Stat., ch. 122, paragraph 712.1 et seq.

_____ While none of the above two statements is true and accurate; there are other reasons why I am unable to afford the school fee assessed to the above named student. These other reasons are (describe in detail):

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

Name of Parent/Guardian: (Please print) _____

Signature: _____

Address: _____ City, State & Zip: _____

Date: _____ Home Ph: _____ Work Ph. _____

For Office Use:**Request Approved:** _____ **Free** **Reduced** **Temp** **Request Denied:** _____**Temporary Status:** From _____ To _____ **Reason:** _____**Amount Due:** \$_____ or \$_____ if paid within 10 days**Superintendent:** _____ **Date:** _____