

APPLICATION FOR FEE WAIVER

VALMEYER COMMUNITY UNIT SCHOOL DISTRICT #3

School Year: 19 - 20

Name of Student (s)/Grade: _____

I, the undersigned parent/guardian of the above named student(s) hereby request that the Board of Education of Valmeyer CUSD #3 waive the above mentioned school fees (books, physical education uniforms, Driver Ed, extracurricular fees) 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:

_____ **TANF:** The above named student(s) are 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 A.F.D.C.

_____ **Free/Reduced Lunch Participation:** The above named student(s) are currently eligible for free/reduced meals pursuant to Ill. Rev. Stat. CH. 122, Para. 712.1 et SE9 (see lunch application). If free lunch application is not on file, written evidence that the household income is at or below free/reduced lunch levels must be provided.

_____ **Other:** Other reasons why I am unable to afford the school fees assessed to the above named student(s). Please describe the other reasons in detail.

I have reviewed the District's Policy and 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: _____

Name of Parent/Guardian (PLEASE PRINT): _____

Address: _____

Date: _____



OFFICE USE ONLY: Your application for fee waiver for your child(ren) has been:
_____ APPROVED _____ DENIED

Should you wish to appeal the decision of the Superintendent, you may request within fourteen (14) days to have your application reviewed.

(date) (Eric Frankford, Superintendent)