



Application for Fee Waiver
School Year 2016-17

Parent/Guardian Name(s) _____

Home Address _____

Telephone Number _____

E-mail Address _____

Number of People in Household _____

*A **household** is classified as any person(s) within **one** economic unit residing at the same address.*

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Please identify all of the children in the areas shown below who will be attending Batavia Public Schools within the 16-17 School Year. If you are approved, the fees being waived only include items that apply to *any* student during the regular school day which includes athletic fees. Examples of extra fees that are not included in a fee waiver would be: a yearbook, library fines, transportation costs (paid busing and high school parking spots), or any additional miscellaneous costs offered by District 101.

All current school year fees will be prorated. Any fees accumulated prior to the current school year will not be waived.

Student Name _____

School Attending _____

Student Name _____

School Attending _____

Student Name _____

School Attending _____

Student Name _____

School Attending _____

Student Name _____

School Attending _____

(Please see other side)



I, the undersigned parent/guardian of the above named student, hereby request that the Board of Education of District 101 waive the above-mentioned school fee pursuant to Board Policy 4:140 and Ill. Rev. Stat. 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 mark at least one choice)

_____ The above named student or student’s family is currently receiving aid/under Article IV of the Illinois Public Aid Code (Aid to Families of Dependent Children AFDC) and **I am enclosing evidence** of participation in AFDC. **A valid SNAP or TANF case number must be provided (medical cards cannot be accepted as proof).**

_____ The above-named student(s) lives in a household that meets the **free lunch** eligibility requirements established by the federal government pursuant to the National School Lunch Act, 42 U.S. C. 1758:7 C.F.R. Part 245. **Two proofs of income of ALL persons in household are required and will be reviewed. Proof of income can be as follows: employment, unemployment, child support, alimony, disability and any other form of income coming into the household.**

_____ While neither of the above statements are true and accurate, there are other reasons why I am unable to afford the school fees assessed to the above named student. **I have enclosed the reasons below and also supplied two pieces of documentation to support the request to have fees waived. (Absent documentation, request will not be considered)**

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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 (Ill. Rev. Stat. ch. 38, para. 17-6). I attest that the statements made herein are true and correct.

Signature _____

Name of Parent/Guardian _____

Date Application is Submitted _____

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Review Denied _____

Review Approved _____

District Personnel

Date