

APPLICATION FOR WAIVER OF FEES FOR INDIGENT STUDENTS

This application form is to be completed by those parents or guardians of students whose family income is equal to or less than the District's published guidelines for waiver of student fees or by those parents or guardians of students who are receiving aid under Article IV of the Illinois Public Aid Code, "Aid to Families with Dependent Children." To qualify for consideration of this waiver, you must also attach to your application:

1. A copy of your federal & state income tax returns for the previous tax year, current pay stub;
2. Proof that you are the parent or guardian of a child receiving aid under "Aid to Families with Dependent Children."

The administrator of the District's student fee-waiver policy may require additional proof of income sources. The administrator shall consider your application and notify you in writing of your eligibility for the fee waiver. All information shall be kept confidential.

1. *Name of Parent or Guardian:*

Social Security Number:

2. *Student Information:*

Name:

Age:

Grade:

School:

3. *Name(s) of ALL other people in the household:*

Name:

Age:

Relationship:

Social Security Number:

4. *Home Address:*

Work Address of Parent or Guardian:

Home Telephone:

Work Telephone:

5. ***Certification: I hereby certify that all information furnished in this application is true and correct and that school officials may verify the information on the application at any time during the school year. It is my responsibility to notify the Assistant Superintendent for Business of any decreases in household size, increases in income of over \$50.00 per month or \$600.00 per year, or any termination of benefits under the Aid to Families with Dependent Children program during the school year. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal status.***

Date

Signature of parent or guardian completing this
application form

We cannot accept this Application without a signature.

Please attach:

1. a copy of your federal and state income tax returns for the previous year and a current pay stub for everyone employed in the household;
2. proof that you are the parent or guardian of a child receiving aid under Article IV of the Illinois Public Aid Code, "Aid to Families with Dependent Children."

Please bring or mail this application to the Assistant Superintendent for Business & Finance of Reavis High School District #220 at:

**Business Office
Reavis High School
6034 West 77th Street
Burbank, Illinois 60459-3199**

The Assistant Superintendent for Business & Finance will contact you in writing with the decision to grant or deny this application. If your application is denied, the letter will state the reason(s) for the denial. You shall have the opportunity to appeal the decision.