



26051 W. Nippersink Rd
Ingleside, IL 60041
Telephone 847-740-1490 Fax 847-740-9172
www.bighollow.us

APPLICATION FOR FEE WAIVER
2017/2018 SCHOOL YEAR

Student(s) Name *(please list below)*

Grade

_____	_____
_____	_____
_____	_____
_____	_____

I, the undersigned parent/guardian of the student(s) named above, hereby request that the Board of Education of Big Hollow School District 38 waive the fee for registration.

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

_____ The above-named student(s) family is currently receiving aid under Article IV of the Illinois Public Aid Code (AFDC – Aid to Families with Dependent Children)

_____ The above named student(s) is currently eligible for Free/Reduced Meals pursuant to 105 ILCS 125/1 et seq. [Ill. Rev. Stat., ch. 122,712.1 et seq.];

_____ While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student(s) which are (describe in detail below):

PLEASE NOTE: You must complete this form in full to apply for a fee waiver. You will NOT automatically receive a waiver because you applied for free or reduced meals.

NEEDED INCOME INFORMATION

1. List the names of **everyone** living in your household, including the children listed previously. If you need more space, attach a separate sheet.
2. For each person who receives income, write the **gross income per month** after their name. Put the amount of income under the group it belongs: earnings, welfare, pension, or other. **Income is all money received before taxes or before anything else has been taken out.**

Household Members	Earnings from Work BEFORE Deductions (per month)	Welfare, Alimony AFDC, Child Support (per month)	Pensions Soc. Security Retirement (per month)	Other Income (per month)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

I have reviewed the District's policy and I am aware that supplying false information to obtain this fee waiver is a Class 4 felony (720 ILCS 5/17-6 [Ill. Rev. Stat., ch. 38, 17-6]). I attest that the statements made herein are true and correct.

Signature _____
Typing your name in the signature field is evidence of your signature and acknowledges all information submitted is accurate and correct.

Print Name _____

Address _____

City/Zip _____

Date _____