

APPLICATION FOR WAIVER OF FEES

(Submit to District Office at 1335 Franklin Grove Rd., Dixon IL 61021)

School(s): _____

Name of Student(s): _____

Describe Fees: _____

I, the undersigned, parent/guardian of the above named student(s) hereby request the Board of Education of Dixon Public Schools waive the above-mentioned fee(s) because:

(Place an "X" on the line which applies):

_____ The student is receiving Temporary Assistance for Needy Families (TANF) or Aid to Families with Dependent Children (AFDC). **(Those with a Dept. of Human Res. MEDICAL card do NOT automatically qualify.) Evidence of TANF OR AFDC is needed.**

_____ The above-named student(s) is from a household whose gross income** is at or below the levels shown below:

Family	Annual	Monthly	Weekly
<u>Size</u>	<u>Income</u>	<u>Income</u>	<u>Income</u>

_____ I am aware that providing false information to obtain a fee waiver is a felony under Illinois Law. **(This box must be marked for the application to be valid).**

Extenuating Circumstances - (list other reasons you are unable to afford fees)**
(To be taken into consideration by the District):

(Print name of parent/guardian)

(Signature of parent/guardian)

(Address)

**The Dixon Public Schools reserve the right to require evidence at any time of household income or other documentation related to waiving fees.

Date _____