

**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 \_\_\_\_\_