



Township High School District 214
FEE WAIVER APPLICATION

DATE: _____

Parent/Guardian Name, Relationship, Home Address, Home Phone, Work Phone, School (Circle One), Student Name, ID #, Year in School

I, the parent/guardian of the above listed student(s) hereby request that the Board of Education of District 214 waive the school fee(s) pursuant to IL Rev. Stat. 105 ILCS 5/10-20.13 from Ch. 122, par. 10-20.13. I further state in support of this waiver request that the following is true and accurate. Income from alimony, financial assistance and child support must be shown, if applicable. Please provide the following forms for all wage earners in your household.

- Copy of Current Pay Stub(s) for all family members-REQUIRED
Copy of Income Tax Form(s) 1040 and W-2 Forms-REQUIRED

The forms below may also be considered if applicable. Attach copies of appropriate forms.

- Verification of Medicaid Eligibility, Proof of Unemployment, Miscellaneous Proof of Income, Verification of Foster Child Status, Proof if on Disability

Number of Members in Household must equal number of members listed on Form 1040 or equivalent

Table with 4 columns: Names, List everyone in household, Relationship, Age. Rows 1-8.

Special Circumstances: My family has experienced a significant loss of income due to severe illness, injury to a member of the family or other. Please explain circumstance or loss attaching documentation, such as doctor's notes, accident report, etc.

Parents/Guardians are advised that supplying false information to obtain a fee waiver is a Class 4 Felony under Illinois compiled statutes 7-20 ILCS 5/17.6. If the amount of benefit obtained is over \$300, it is a Class 3 Felony.

If I request the deferred payment option, I agree to pay \$100 at registration with the balance due in 3 equal installments payable on 10/1, 11/1 and 12/1. I understand that failure to pay fees as specified may result in the district withholding student's official transcript and/or restrictions on the student's participation in school privileges including, but not limited to, attendance at school dances, parking privileges, and non-curricular trips.

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY

Application Completed Date, Gross Income Total, Prior Years Unpaid Fee Amounts, Approval Yes/No/Reason, Deferred Payment Plan Yes/No, School Official's Signature, ID #, Date