



**Township High School District 214
FEE WAIVER
APPLICATION**

DATE: _____
SCHOOL YEAR: _____

| | |
|----------------------------|--|
| Parent/Guardian Name _____ | Home Phone _____ |
| Relationship _____ | Work Phone _____ |
| Home Address _____ | School (Circle One) BGHS EGHS JHHS PHS RMHS TAFV VAN WHS |
| _____ | |
| Student Name _____ | ID # _____ Year in School 9 10 11 12 |
| Student Name _____ | ID # _____ Year in School 9 10 11 12 |
| Student Name _____ | ID # _____ Year in School 9 10 11 12 |

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 | ___ Verification of <i>Foster Child</i> Status |
| ___ Proof of Unemployment | ___ Proof if on Disability |
| ___ Miscellaneous Proof of Income | |

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

| Names | List everyone in household | Relationship | Age |
|-------|----------------------------|--------------|-----|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 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 _____