



**APPEAL OF DENIAL OF FEE WAIVER**

To appeal the denial of your application for a fee waiver, complete this form and return it to:

**Ms. Cathy Johnson**  
**Associate Superintendent of Finance and Operations**  
**Township High School District 214**  
**2121 South Goebbert Road**  
**Arlington Heights, IL 60005**

**Please include additional supporting documentation outlining the reasons your Waiver of Fees should be reevaluated. The documentation can include letters, payroll history, unemployment documentation, tax forms, etc.**

Name of Student: \_\_\_\_\_

ID # \_\_\_\_\_

School: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_,  
Name of Student

hereby appeal the Principal's denial of my request that Township High School District 214 waive the school fee(s) for the current school year, pursuant to 105 ILCS 5/10-20.13 (from Ch. 122, par. 10-20.13) of the Illinois School Code. I request that the Associate Superintendent for Finance and Operations consider my fee waiver request.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home address (Number, Street, City, State, Zip Code)

\_\_\_\_\_  
Date