



Township High School District 214
FEE WAIVER 2025/2026

Please return this form to: Township High School District 214, Attn: Fee Waiver, 2121 S. Goebbert Rd., Arlington Heights, IL 60005

Parent/Guardian Name		Home Phone	
Relationship to student		Work Phone	
Home Address		Select School	<input type="checkbox"/> BGHS <input type="checkbox"/> EGHS <input type="checkbox"/> PHS <input type="checkbox"/> JHHS
City/State/Zip			<input type="checkbox"/> RMHS <input type="checkbox"/> WHS <input type="checkbox"/> TAFV <input type="checkbox"/> VAN
Student Name		Student ID #	Year in School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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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 support 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.

REQUIRED DOCUMENTS: Please black out any personally identifiable information such as social security numbers, routing numbers and account numbers.

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

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

- ☐ Verification of Medicaid Eligibility Attach most recent Letter of Decision
☐ Proof of Unemployment
☐ Miscellaneous Proof of Income
☐ Verification of Foster Child Status
☐ Proof if on Disability
☐ Proof if a Veteran or Active-Military

The number of Members in the Household must equal the number of members listed on Form 1040 or equivalent. List everyone in the household.

Names	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 the 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.

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY

Application Completed Date _____ Gross Income Total _____
Prior Years Unpaid Fee Amounts _____

Approval ☐ Yes ☐ No Reason _____

School Official's Signature _____ ID # _____ Date _____