

HAVANA COMMUNITY UNIT SCHOOL DISTRICT 126

Application for Fee Waiver

Student's Name *(please print)*

School

As the parent/guardian of the above-named student, I request a waiver of school fees.

I am asking for a waiver of school fees because: *(please check at least one box)*

- ☐ The above-named student (or student's family) is currently receiving aid under Article IV of The Illinois Public Aid Code (SNAP/Food Stamps or TANF) and evidence of participation is enclosed;
- ☐ The above-named student is "categorically eligible" (i.e., is homeless, migrant or runaway or in Head Start) subject to the federal verification limitations.
- ☐ The above named student currently lives in a household that meets the free lunch or breakfast eligibility guidelines established by the federal government pursuant to the National School Lunch Act, Amended Through P.I. 117-328. Enacted Dec 29, 2022.
- ☐ While none of the above three statements are true, there are other reasons why I am unable to afford the school fee(s) assessed to the above-named student which are:
(describe in detail)

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent/Guardian *(please print)*

Address

Signature

Date