

2023-2024 STUDENT FEES “HARDSHIP WAIVER” REQUEST 2023-2024

OLYMPIA C.U.S.D. #16 903 E. 800 NORTH ROAD STANFORD, IL 61774-9612

> I hereby make a request for “Hardship Waiver” of Student Fees for the child(ren) listed below who is/are my child(ren) or my ward(s).

Child’s Name	School Attending

> Household’s GROSS (before taxes) monthly income from ALL sources, including wages, public assistance or welfare payments, social security, unemployment compensation, etc.

Total \$ _____ / per Month

Number of persons in household. (Including children listed above) _____

Number of persons in household who attend school in the Olympia District _____

> Please explain the special situations that exist which makes the family expenses greater than normal:

> _____
(Signature of Parent or Guardian) (Phone Number)

> _____
(Mailing Address, City & Zip Code)

FOR OFFICE USE ONLY _____ Approved FREE _____ Approved REDUCED
(Pay 1/2 of total Student Fees)

Reason for Denial: _____ Income too High _____ Incomplete Request

Date Notice was sent _____ / _____ / _____

(Signature of Determining Official)

A denial of Hardship Waiver Request may be
appealed within 14 days in writing to:
Andy Walsh, Asst. Superintendent
903 E. 800 North Road
Stanford, IL 61774-9612