

**PAXTON-BUCKLEY-LODA CUSD #10
WAIVER OF FEES APPLICATION**

TO: PBL Principal

FROM: _____
Parent/Guardian Name

DATE: _____

SUBJECT: APPLICATION FOR PBL SCHOOL WAIVER OF FEES

PRINT STUDENT INFORMATION:

| NAME | GRADE | FOOD STAMP/AFDC NUMBER IF ANY |
|-------|-------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Names of Household Members | Gross Monthly Earnings (Before Deductions) | | Monthly Welfare Payments, Child Support, Alimony | Monthly Payments from Pensions, Retirement, Social Security | Any Other Monthly Income (Workers Compensation, Strike Benefits, Unemployment Benefits) |
|----------------------------|---|----------|--|---|--|
| | Job 1 | Job 2 | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

SIGNATURE AND SOCIAL SECURITY NUMBER: *I certify all of the above information is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds, that school officials may verify the information on the applicant and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult Household Member

Social Security Number

PRINTED NAME OF PERSON SIGNING THE APPLICATION: _____

Date: _____ Telephone: _____

Home Address: _____

FOR SCHOOL USE ONLY - DO NOT COMPLETE BELOW THIS LINE

Monthly Income Conversion:

Weekly x 4.33: _____

Every 2 Weeks x 2.25: _____

Twice a Month x 2: _____

Total Household Size: _____

Monthly Income:\$ _____

Food Stamp:

AFDC/ADC:

Eligibility Determination:

Approved:

Denied:

Reason for Denial:

Income Too High:

Incomplete Application:

Other: _____

Signature-Superintendent/Principal

Date

Date Determination Sent: _____

Date Appeal Requested: _____

Date of Appeal: _____

Decision of Appeal: _____