

Must complete the Lunch Waiver Form as well to accompany this form for Fee Waiver

APPLICATION FOR WAIVER OF FEES

(Submit to District Office at 1335 Franklin Grove Rd., Dixon IL 61021)

School(s): _____

Name of Student(s): _____

Describe Fees: _____

I, the undersigned, parent/guardian of the above named student(s) hereby request the Board of Education of Dixon Public Schools waive the above-mentioned fee(s) because:

(Place an "X" on the line which applies):

☐ The student is receiving Temporary Assistance for Needy Families (TANF) or Aid to Families with Dependent Children (AFDC). (Those with a Dept. of Human Res. MEDICAL card do **NOT** automatically qualify.) **Evidence of TANF OR AFDC is needed.**

☐ The above-named student(s) is from a household whose gross income** is at or below the levels shown below:

<u>Family Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
------------------------	--------------------------	---------------------------	--------------------------

☐ I am aware that providing false information to obtain a fee waiver is a felony under Illinois Law. (This box must be marked for the application to be valid).

Extenuating Circumstances - (list other reasons you are unable to afford fees)**
(To be taken into consideration by the District):

(Print name of parent/guardian)

(Signature of parent/guardian)

(Address)

****The Dixon Public Schools reserve the right to require evidence at any time of household income or other documentation related to waiving fees.**

Date _____