

Teutopolis Community Unit

SCHOOL DISTRICT NO. 50

PO Box 607
Teutopolis IL 62467-0607
Phone: 217-857-3535

Matt Sturgeon
Superintendent
Fax: 217-857-6265

2020-21 Application for Fee Waiver

(to be submitted to the Building Principal)

Name of Student:	
School/Grade:	
Purpose of Fee:	
Amount of Fee:	

I, the undersigned parent(s)/guardian(s) of _____, hereby request that the School Board of Teutopolis Unit 50 waive the above-mentioned school fee.

I further state, in support of this waiver request, that one of the following statements is true and accurate (please check at least one):

- The above-named student (or student's family) is currently receiving aid under Article IV of The Illinois Public Aid Code (Aid to Families with Dependent Children, AFDC), and evidence of participation is enclosed;
- The above-named student is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq.;
- While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are (described in detail):

Signature:	
Name of Parent/Guardian (please print):	
Address:	
Date:	

Unit 50 Approval (signature) _____ Date _____

Supt Approval (signature) _____ Date _____