

MEMORANDUM

TO: ALL PARENTS
FROM: MR. SIRIANNI
SUBJECT: FEE WAIVER 2022/2023

You may be eligible to apply for a waiver of school curriculum fees. If you meet one of the criteria listed below, please complete the application. You must fill out an application to obtain a waiver. It is not automatic!

1. Students receiving aid under Article IV of the Illinois Public Aid Code.
2. Students eligible to receive free/reduced price meals.
3. Monthly household income is below amounts listed below:

<u>FAMILY SIZE</u>	<u>MONTHLY INCOME</u>
1	\$ 2,096
2	2,823
3	3,551
4	4,279
5	5,006
6	5,734
7	6,462
8	7,189
EACH ADDITIONAL	728

4. None of the above fit your situation. However, you feel you qualify for other reasons. Submit a letter with your application.

EAST DUBUQUE UNIT DISTRICT #119

APPLICATION FOR FEE WAIVER 2022/2023

TO BE SUBMITTED TO BUILDING PRINCIPAL

STUDENT(S) : _____

AMOUNT OF FEE(S) _____
SCHOOL: _____ PURPOSE OF FEE: _____

I, the undersigned parent/guardian of the student(s) listed above, hereby request that the School Board of School District #119 waive the above mentioned school fee pursuant to Illinois Revised Statutes, ch. 122, para. 10-20.13.

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

_____ The above-named student(s) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children (AFDC) and I am enclosing evidence of participation in AFDC.

_____ The above-named student(s) is currently eligible for Free or Reduced Price Meals pursuant to Ill. Rev. Stat., ch. 122, para. 712.1 et seq.

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

<u>FAMILY SIZE</u>	<u>MONTHLY INCOME</u>
1	\$ 2,096
2	2,823
3	3,551
4	4,279
5	5,006
6	5,734
7	6,462
8	7,189
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Enclosed is written evidence that the household income is at or below the level indicated.

_____ While none of the above three statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above-named student(s). A letter is attached describing in detail these reasons.

I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a CLASS 4 felony (Ill. Rev. Stat., ch 38, para. 17-6). I attest that the statements made herein are true and correct.

SIGNATURE

NAME OF PARENT PLEASE PRINT

ADDRESS

DATE