

# Roanoke-Benson CUSD # 60

## Application for Fee Waiver

Student Name: \_\_\_\_\_

School (Circle one): Sowers, RBJH, RBHS

Grade in School: \_\_\_\_\_

Additional students (please give name and grade):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I, the undersigned parent/ guardian of the student(s) listed above hereby request that the Roanoke-Benson CUSD # 60 Board of Education waive fees pursuant to IL. Rev. Stat. 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 statement). Only those qualifying below may request a complete waiver of fees

\_\_\_\_\_ The above named student(s) is currently receiving aid under Article IV of the IL. Pub. Aid Code (AFDC) and I am enclosing evidence of participation of AFDC.

\_\_\_\_\_ The above named student(s) is currently eligible for free and reduced priced meals pursuant to IL. Rev. Stat., ch 122, para. 712.1 et. Seq.

I have reviewed the RB60 District Policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony. I attest that the statements made herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

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\_\_\_\_ Approved      \_\_\_\_ Disapproved

Signature of district officer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: