

Benjamin
SCHOOL DISTRICT 25
Application For Fee Waiver

Submit To Building Principal

Name of Student: _____ School: _____

Purpose of Fee: _____ Amt. of Fee: _____

I, the undersigned parent(s)/guardian(s) of _____ hereby request that
(Name of Student)
the School Board of District 25 waive the above-mentioned school fee.

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

- 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. **(Superintendent's approval required)**
- The above-named student is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq. [Ill. Rev. Stat., ch. 122, ¶ 712.1 et seq.]. **(Superintendent's approval required)**
- 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 (describe in detail). **(Principal's approval required)**

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 (720 ILCS 5/17-6 [Ill. Rev. Stat., ch. 38, ¶ 17.6]). I attest that the statements made herein are true and correct.

Signature: _____ Date: _____

Name of Parent/Guardian: (please print) _____

Address: _____
Street City State, Zip

Approved: _____ Date: _____