

PROPHETSTOWN-LYNDON-TAMPICO CUSD #3

APPLICATION FOR FEE WAIVER

(To Be Submitted to Principal)

Name of Student(s): _____

School(s): ___ TES ___ TMS ___ PES ___ PHS

Purpose of Fee(s): _____

Amount of Fee(s): _____

I, the undersigned parent or guardian of _____ (name of student), hereby request that the Board of Education of Prophetstown-Lyndon-Tampico CUSD #3 waive the above-mentioned school fee pursuant to Illinois Revised Statutes ch. 122, Par. 10-20.13.

I further state, in support of this waiver request that the above-named student is currently receiving aid and under Article IV of the Illinois Public Aid Code (Aid to families with Dependent Children or "AFDC") and I am enclosing evidence of participation in AFDC.

While I do not receive Public Aid, there are other reasons why I am unable to afford the school fee assessed to above-named student. These other reasons are (describe in detail).

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 (IL Rev. Stat. Ch. 38, Par. 17-6).

I attest that the statements made herein are true and correct.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address

Dated: _____