

Manhattan School District 114

2017-18 Application for Fee Waiver

Name of Student(s)	
School:	
Purpose of Fee:	
Amount of Fee:	

I, the undersigned parent(s)/guardian(s) of _____, hereby request that the Board of Education of School District 114 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 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;
- 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):

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

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

