

FEE WAIVER APPLICATION

Student Name: _____

School: _____

I, the undersigned parent/guardian request a waiver for fees incurred by my student eligibility requirements (please check at least one blank):

_____ Student is eligible for free lunches or breakfasts under the School Breakfast and Lunch Program Act pursuant to 105 ILCS 125. **Students who qualify for *free* lunches and Breakfasts are exempt from book fee charges.**

_____ Special circumstances (please specify in detail):

I have read and understand the fee waiver agreement. I understand that if my child is not found eligible for *free* lunches and breakfasts, fees not paid by October 1st will be forwarded to the Central Office for collection. I further certify that the statements made are true and correct to the best of my knowledge.

Name: _____

Address: _____

Date: _____