



**Robinson Community Unit School District No. 2**  
**PO Box 190, 1301 North Allen Street**  
**Robinson, IL 62454**



ILLINOIS ASSOCIATION  
OF SCHOOL BOARDS

Office of the Superintendent, Mr. Kyle Klier  
**"WHERE STUDENTS COME FIRST"**

Phone: 618-544-7511  
Fax: 618-544-9284

Date: July 14, 2025

## FEE WAIVER APPLICATION

Student Name:

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School:

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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):

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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: \_\_\_\_\_

***"Providing a pathway that leads to the success of every student"***