



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15
APPLICATION FOR FEE WAIVER

Date: _____

Name of Student: _____ ID #: _____

Name of Student: _____ ID #: _____

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Application for Fee Waiver

Book and material fees for students eligible for Free or Reduced-priced Meals or receiving Temporary Assistance for Needy Families (TANF) are waived upon approval of the Free/Reduced application submitted to the district.

Students who do not qualify for Free or Reduced-priced Meals or TANF may be eligible for a fee waiver pursuant to Illinois Revised Statutes, ch. 122, para. 10-20.13. based on one of the following factors:

- Illness in the family
- Unusual expenses such as fire, flood, storm damage, etc.
- Seasonal employment
- Emergency situations

Please describe in detail the reason for which a waiver is requested. Documentation is required.

I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (IL Rev. Stat., ch. 38, para. 17-6). I attest that the statements made herein are true and correct.

Name: _____

Signature: _____

Address: _____

Mail completed application to: CCSD15 Business Office Director of Fiscal Services 580 N 1st Bank Drive Palatine IL 60067
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Director of Business Services

Date

Approved _____
Denied _____