

Morrisonville Community School District #1

Application for Fee Waiver

Name of Student: _____

School: _____

Purpose of Fee: _____

I, the undersigned parent/guardian of _____, a student in the Morrisonville Community Unit School District No. 1, request a waiver of the aforementioned student fee pursuant to ILCS 5/10-20.13.

In support of this request, I can certify that the above-named student meets at least one of the following eligibility requirements (please check at least one blank):

___ The above-named student is eligible for free lunches or breakfasts under the Community School Lunch Program pursuant to ILCS 5/712.1.

___ The student is subjected to the following special circumstances (please specify in detail)

I certify that I have reviewed the Board of Education’s policy on waiver of student fees, and I am aware that supplying false information to obtain a fee waiver is a Class 4 felony pursuant to ILCS 5/17-6. I further certify that the statements made herein are true and correct to the best of my knowledge.

Name: _____

Address: _____

Date: _____

Signature: _____