

Morrisonville Community Unit School District No.1

FORM FOR APPEAL OF DENIAL OF FEE WAIVER

Name of Student: _____

School: _____

Purpose of Fee: _____

Amount of Fee: _____

I, the undersigned parent/guardian of _____, hereby appeal the denial of my request for a waiver of student fees as determined by the Building Principal. I maintain that the above-named student is eligible for waiver of fees and ask that the Board of Education reconsider my request.

Name: _____

Address: _____

Date: _____ Signature: _____

***Policy Manual Reference:
Morrisonville Community Unit School District No.1***

4:140-F