

**MORRISONVILLE CUSD#1**  
**FEE WAIVER: NOTIFICATION OF INITIAL DECISION FORM**

Date: \_\_\_\_\_

\_\_\_\_\_  
Building Principal

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear: \_\_\_\_\_

Please be advised that your request for a waiver of student fees (pursuant to ILCS 5/10-20.13) for \_\_\_\_\_, in the amount of \_\_\_\_\_, has been \_\_\_\_\_.

If your request has been denied, it is because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If your request has been denied, you may appeal this decision to the Board of Education. If you should decide to appeal this decision, **you must submit your appeal in writing to the Superintendent within fourteen (14) days of the receipt of this letter.** An Appeal Form has been enclosed for your convenience.

Please be further advised that if your request has been denied, you may reapply for a waiver any time during the school year if a change in circumstances fee waiver eligibility has occurred.

Sincerely,

\_\_\_\_\_  
Building Principal