

Roselle School District 12
APPLICATION FOR WAIVER OF FEES 2020-2021
 (Submit to District Office)

School: _____

Name of Student: _____

Describe Fee(s): _____

I, the undersigned parent or guardian of _____ hereby request that the Board of Education of Roselle School District No. 12 waive the above-mentioned fee(s) because:

_____ The student is receiving public aid (Temporary Assistance to Needy Families). Evidence of participation in TANF is attached.

_____ The above-named student is from a household whose gross income is at or below the levels shown below.

_____ Family Size

<u>Family Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional Family Member	+8,288	+691	+160

_____ There are other reasons why I am unable to afford the fees. They are:
 (Specify) _____

_____ I am aware that providing false information to obtain a fee waiver is a felony under Illinois law.

 (Print Name of Parent/Guardian)

 (Address)

 (Signature of parent/guardian)

Date: _____

Written evidence that the household income is at or below the level indicated is attached.

For Office Use Only
Approved/Denied: _____ Date: _____