

Roselle School District 12
APPLICATION FOR WAIVER OF FEES 2022-2023
(Submit to JoAnn Dumelle at the 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	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional Family Member	+7,732	+728	+168

_____ 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)

Date: _____

(Signature of parent/guardian)

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

For Office Use Only

Approved/Denied: _____

Date: _____