

Roselle School District 12
 APPLICATION FOR WAIVER OF FEES 2023-2024
 (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 | \$26, 973 | \$2,248 | \$519 |
| 2 | 36,482 | 3,041 | 702 |
| 3 | 45,991 | 3,833 | 885 |
| 4 | 55,500 | 4,625 | 1,068 |
| 5 | 65,009 | 5,418 | 1,251 |
| 6 | 74,518 | 6,210 | 1,434 |
| 7 | 84,027 | 7,003 | 1,616 |
| 8 | 93,536 | 7,795 | 1,799 |
| Each additional Family Member | +9,509 | +793 | +183 |

_____ 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: _____ |
|------------------------|-------------|