SUMMIT HILL SCHOOL DISTRICT 161
STUDENT FEE WAIVER APPLICATION

All information on this application will be kept confidential

SECTION A: STUDENT INFORMATION AND BASIS FOR STUDENT FEE WAIVER.

Name of student: _____

Address: _____

School: _____ Grade Level: _____

Name of parent or guardian: _____ Daytime phone number: _____

Please check if applicable: (attach supporting document for each category that applies)

_____ Family receives TANF benefits (Temporary Assistance to Needy Families) TANF# _____

_____ Student is eligible based on income verification

_____ Total number of family members in household (Father, Mother, Siblings, Etc.)

Parent(s)/guardians(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all the above qualifiers. ***The address on all documents submitted for waiver purposes must match the district verified address used to register your students.***

If none of the above applies but you wish to apply for student fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request.

_____
_____
_____

(if you need more space, please continue on the back of this page)

Students receiving a waiver are not exempt from charges for lost and damaged books, locks, material, supplies, and equipment.

After completing this application, please return to:
Mary Drew Administrative Center
20100 S. Spruce Drive
Frankfort, Illinois 60423

WAIVERS MUST BE COMPLETED AND RETURNED BY September 1, 2023

I HEREBY CERTIFY THAT THE IMFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.

If waiver is declined, registration fee must be paid in full. If extraordinary circumstances exist, please call the Administrative Center at 815.469.9103 for an appointment. Late fee may be charged, if applicable.

_____
Date: _____

PARENT'S OR GUARDIAN'S SIGNATURE

If approved please issue check to:

Name: _____

Address: _____

_____