

## Summer School Waiver of Student Fees

School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Amount of fee to be waived: \_\_\_\_\_

I, the undersigned parent(s)/guardian(s) of the above named student, hereby request that the Board of Education of Glenbard Township High School District 87 waive the above mentioned summer school fee. If approved, the summer school fees will be waived. Book fees and fines are the responsibility of the students and/or parent.

The student is participating in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). The letter from DHS showing the case ID number for SNAP or TANF benefits must be attached. **Please note State of Illinois Department of Public Aid Medicaid cards or LINK cards cannot be accepted.**

I have attached a copy of my letter from DHS indicating participation in the SNAP or TANF program.  
Case ID Number: \_\_\_\_\_

The above named student is from a household whose gross income level is shown below, evidence of which is attached (pay stub, W-2 form(s), and front page of most recent Federal 1040 tax form).

Household Size	Annual Household Income	Monthly Household Income	Weekly Household Income

I have attached copies of my two (2) most current pay stubs

I have attached a copy of my most current W-2 form(s)

I have attached a copy of page 1 of my most current Federal 1040 tax form showing dependents

There are other reasons why I am unable to afford the summer school fees. My household income is listed above and I have attached the necessary documentation to verify my income. The reason(s) why I am unable to afford the summer school fee(s) are: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Summer School Principal)

\_\_\_\_\_  
(Print name of parent/guardian)

I have reviewed the District's policy and am specifically aware that Supplying false information to obtain a fee waiver is a Class 4 Felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Revised 2/1/18

\_\_\_\_\_  
(Signature of parent/guardian)