

Eastland Community Unit Schools

District No. 308
500 South School Drive
Lanark, Illinois 61046
Phone 815/493-6301 Fax 815/493-6343
Dr. Mark D. Hansen, Superintendent

WAIVER OF SCHOOL FEES

The Eastland Community Unit School District 308 Board of Education will be responsible for the education fees of indigent students. A fee means a charge for school materials or educational materials or a student's required participation in a curricular activity.

An indigent student is one who qualifies for free lunches in the Eastland School Lunch Program; and/or the student is currently receiving aid under Article IV of the Illinois Public Aid Code. Additional extenuating circumstances, such as reduced price lunch eligibility, severe loss of income because of serious illness or injury in the family, or disastrous loss from fire, flood, or storm, may also qualify.

To apply for a school fee waiver a parent/guardian must fill out a "Request for a Waiver of School Fees and Charges" form found on the reverse side of this letter and submit it to the Principal. If the request is denied, an explanation of the decision will be mailed to the parent/guardian within thirty (30) days of the initial waiver request.

To appeal a decision, the parent/guardian should contact the Superintendent who will hear the parent/guardian appeal. If the appeal is denied, the Superintendent shall notify the parent/guardian by mail of the reason for the decision within thirty (30) days of the appeal request.

No fee will be collected from any parent/guardian seeking a fee waiver until the Principal has acted on the initial request or appeal, and until the parent/guardian has been notified of the decision. No punishment of any kind will result because of a student's parent/guardian is unable to pay the required fees.

_____ Approved _____ Not Approved _____ Indigent _____ Short-Term Loan

Reason: _____

Date: _____ Signed: _____

Principal

(over)

REQUEST FOR A WAIVER OF SCHOOL FEES AND CHARGES

Date _____

Name of Student	Grade	Name of Student	Grade

Name of Parent/Guardian: _____

Address: _____

TOTAL NUMBER OF ALL PERSONS LIVING IN YOUR HOUSEHOLD: _____

1. The parent(s) or guardian(s) must complete A, B, or C below before the Board of Education can loan materials to the student listed above at no charge or before fees can be waived.
 - A. If your household is now receiving food stamps, you qualify for free lunch under the Eastland Lunch Program and your income is at a level that qualifies you to borrow instructional materials or to receive fee waivers. Give your food stamp case number and skip items B & C.

FOOD STAMP CASE #: _____

- B. You may still qualify for an instructional material loan or fee waiver established by federal guidelines for free lunches. List the total income received last month by ALL members of the household. List gross income before any deductions. Include income from wages or salary, social security, pensions, unemployment or workers compensation, welfare, child support, alimony, and/or any other income sources.

TOTAL HOUSEHOLD MONTHLY INCOME – ALL SOURCES: \$ _____

- C. Additional extenuating circumstances, such as reduced price lunch eligibility, severe loss of income because of serious illness or injury in the family, or disastrous loss from fire, flood, or storm, may also qualify.

EVIDENCE OF EXTENUATING CIRCUMSTANCES: _____

2. If you can pay for instructional materials or fees but cannot pay the full amount at this time, please show the down payment you wish to make, the time you need to pay the full amount (weekly, monthly, etc.) and the amount you can pay each time.

Amount of down payment \$ _____; Installments made _____; Amount of each payment \$ _____

I certify that all of the above information is complete, true, and correct. All instructional materials/equipment loaned to my child will be returned at the end of the school year or when my child leaves school, in good and acceptable condition. If the materials are not returned, returned damaged, or if money is still owed, the person signing below assumes the obligation to pay the expenses involved.

Signed _____
Parent/Guardian

Date: _____