

**FEE WAIVER
APPLICATION**

School year 2011-12

Community High School
District 117
1625 Deep Lake Road
Lake Villa, IL 60046
847-838-7327

Indicate School
_____Antioch
_____Lakes

****** WAIVERS WILL NOT BE PROCESSED WITHOUT PROPER SUPPORT
DOCUMENTS ATTACHED******

*******FEE WAIVER MUST HAVE FREE LUNCH FORM FILLED OUT AND
ATTACHED TO DETERMINE ELIGIBILITY*******

Name of Student _____ Year of Graduation _____

This fee waiver is being requested for:

_____Registration Fees (Indicate below the fee type and amount)

_____Activity and/or Sports Fees (Indicate below the fee type and amount)

Please place and "X" below next to each reason for this Fee Waiver request.

___ The above named student is currently receiving aid under applicable provisions such as the SNAP or TANF Benefit Programs. Attach documentation to support the claim of receipt of benefits (such as a copy of your SNAP or TANF card and two most recent pay check stubs).

___ The above named student is currently eligible for Free and Reduced Meals pursuant to applicable federal and state statute, rule and/or regulation. Attach a copy of the approved Free or Reduced Meal Application, along with copies of two most recent pay check stubs.

___ There is/has been a serious illness in the family which has led to extraordinary medical expenses. Attach an explanation along with copies of the applicable medical bills to support this claim.

___ There have been unusual expenses such as fire, flood, storm damage, etc. Attach an explanation along with copies of the applicable bills in support of this claim.

___ Other emergency situation. Attach an explanation and documentation of the extraordinary expenses related to the emergency situation, in support of you claim.

After completing the above, sign and date the form below, and return it to the Office of the Principal.

My signature signifies that the above and attached information is, to the best of my knowledge, complete and true.

Signature of Parent/Guardian

Date