

Beecher Community Unit School District 200U  
538 Miller Street, P.O. Box 338  
Beecher, Illinois 60401  
Phone (708) 946-2266 x1401 Fax (708) 377-6849  
www.beecher200U.org

**SCHOOL YEAR:** \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Purpose of Fee \_\_\_\_\_ Amount of Fees Waived \_\_\_\_\_ (attach student information sheet)

I, the undersigned parent/guardian of \_\_\_\_\_, hereby request that Beecher School District 200U waive the above mentioned school fees.

In support of this waiver request, I certify, that one of the following statements is true and accurate (please check all that apply).

\_\_\_\_\_ The above named student is currently receiving TANF benefits, case number \_\_\_\_\_ (must provide documentation and must be 10-13 digits) under Article IV of the Illinois Public Aid Code to Families with Dependent Children (AFDC).

\_\_\_\_\_ I am unable to afford the school fee assessed to the above-named student (describe in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice: Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6 [Ill Rev. Stat. Ch38, 17-8]).

I declare that I have read the above notice and that the information I have provided is correct. I also understand that this approval or denial is for the above mentioned school year fees.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**FORWARD THIS WAIVER FORM TO THE DISTRICT OFFICE.**

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\_\_\_\_\_ Fee Waiver Approved

\_\_\_\_\_ Fee Waiver Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent