

WAIVER OF FEES

TO: Chadwick-Milledgeville Community Unit District #399

RE: School Fees for:

Student(s) Name:	Grade Level	Fees to Waive
Total		

I am unable to pay the above book rental and school fees. I hereby request public assistance in the form of a waiver of school fees.

Upon request I will provide the school district with personal financial information to substantiate the necessity of my request.

I understand that the school district may file my request with local and state agencies for reimbursement under appropriate public welfare programs.

_____ Date

_____ Signature of Parent or Guardian

-----For Office Use-----

_____ Approved for Waiver

_____ Not Approved

_____ Signature of Superintendent

_____ Date