

2006-07 STUDENT FEES WAIVER / REDUCTION REQUEST 2006-07

OLYMPIA C.U.S.D. #16 903 E. 800 NORTH ROAD STANFORD, IL 61774-9612

> I hereby make an application for **Waiver / Reduction of Student Fees** for the child(ren) listed below who is/are my child(ren) or my ward(s).

Child's Name

School Attending

> Household's **GROSS** monthly income from **ALL** sources, including wages, public assistance or welfare payments, social security, unemployment compensation, etc.

Total \$ _____

Number of persons in family. (Including children listed above) _____

Number of persons in family who attend school in the Olympia District _____

- > Please answer each of the following questions: Yes No
1. I am receiving Public Assistance Payments. _____
 2. I am participating in the Food Stamp Program. _____
 3. I am participating in the Commodity Distribution System Program. _____
 4. Do any **special** situations exist which makes the family expenses greater than normal? If your answer is Yes, please explain: _____

> If necessary for me to pay, I can pay \$ _____ toward the cost of the Student Fees.

> _____
(Signature of Parent or Guardian) _____
(Phone Number)

> _____
(Address, City & Zip Code)

FOR OFFICE USE ONLY _____ Approved FREE _____ Approved REDUCED
(Pay 1/2 of Student Fees)

Reason for Denial: _____ Income Too High _____ Incomplete Application

Date Notice was sent _____ / _____ / _____

(Signature of Determining Official)

A denial of Waiver / Reduction Request may be appealed within 14 days in writing to:
Brad Hutchison, Assistant Superintendent
903 E. 800 North Road
Stanford, IL 61774-9612