

**Our Vision**  
*Excellence in education, community, and self for success in tomorrow's opportunities*



**Our Mission**  
*Maximize and foster learning and growth for all through continuous improvement.*

## FOX LAKE GRADE SCHOOL DISTRICT 114 2024-2025 APPLICATION FOR FEE WAIVER

Please complete the information below and on the reverse side of this application to apply for a Fee Waiver for the 2024-2025 school year. You MUST complete this form in full to apply.

Student Name	School	Grade
Student Name	School	Grade
Student Name	School	Grade
Student Name	School	Grade

I, the undersigned parent/guardian of the students named above, hereby request the Board of Education of Fox Lake School District 114 waive the fee for Registration.

I further state, in support of this waiver request, that the following statement is true and accurate.  
(Please check at least one):

\_\_\_\_\_ The above named student(s) family is currently receiving aid under Article IV of the Illinois Public Aid Code (AFDC – Aid to Families with Dependent Children)

\_\_\_\_\_ The above named student(s) is currently eligible for Free/Reduced Lunch on the basis of federal income guidelines.

\_\_\_\_\_ Other extenuating circumstances (describe below in detail):

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## INCOME INFORMATION

1. List the names of everyone living in your household, including the children listed previously. If you need more space, please attach a separate page.
2. For each person who receives income write the amount of **gross income per month (before any deductions)** after their name. Put the amount of income under the group it belongs to: earnings, welfare, pension, or other.
3. **Proof of income must be attached** to the application – 2 check stubs.

HOUSEHOLD MEMBERS	EMPLOYMENT INCOME	WELFARE, ALIMONY, AFDC, CHILD SUPPORT	PENSION, SOCIAL SECURITY RETIREMENT	OTHER MONTHLY INCOME

I attest that the statements made herein are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please PRINT below:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

### FOR DISTRICT US ONLY – DO NOT WRITE BELOW

#### Eligibility Determination:

Approved

Denied

#### Reason for Denial:

Income

Incomplete Application

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date