



School Fee Waiver Form

School _____ Unit # _____ Cluster # _____

I, _____, parent (or legal guardian) of
(Parent's Name)

_____, hereby request a waiver of
(Student's Name and Date of Birth)

fees for _____ for the period
(Activity)

from _____ to _____ because I am unable to afford to pay said fees.

Family Size: _____
Adults (over 18) Children (under 18)

	Source	Amount (specify per month per year, etc.)
Family income from all sources:		

Number of children currently in school: _____

Number of children currently eligible for free breakfast or free lunch program: _____

Any factors or expenses temporarily affecting family income:

Other (explain inability to pay fees):

I certify that the above statements are true and correct.

Signature

Address

Print Name

Telephone

Form 7 is the Chicago Public School's Fee Waiver form. This form is available to all families who wish to apply to have their their child's applicable school fees waived (activity fee, class fees, graduation fee only). Families wishing to qualify for the fee waiver MUST return the lunch form, and must qualify for free or reduced lunch status in order to have fees waived entirely (free lunch status) or partially (reduced lunch status). NO FEE WAIVER FORMS WILL BE ACCEPTED AFTER SEPTEMBER 30, 2011, and subsequently you will not be able to apply to have these fees waived later in the school year.