



McHenry Elementary School District 15

1011 N. Green Street, McHenry, Illinois 60050

www.d15.org

APPLICATION FOR ATHLETIC FEE WAIVER

To be submitted to the Principal's Office

Student(s) Name	School	Grade

I, the undersigned parent/guardian of the students named above, hereby request that the Board of Education of McHenry Community Consolidated School District 15 waive the fee for the Athletic Program.

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 pursuant to 105 ILCS 125/1 et seq. [Ill. Rev. Stat., ch. 122,712.1 et seq.];
- While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student(s) which are (describe in detail):

PLEASE NOTE: You must complete this form in full to apply for an athletic fee waiver. You will NOT automatically receive a waiver because you applied for free or reduced lunch.

(OVER)

NEEDED INCOME INFORMATION

To be submitted to Principal's Office

1. List the names of **everyone** living in your household, including the children listed previously. If you need more space, attach a separate sheet.
2. For each person who receives income, write the amount of that gross income per month after their name. Put the amount of income under the group it belongs: earnings, welfare, pension, or other. **Income is all money received before taxes or before anything else has been taken out.**

Household Members	Earnings from Work BEFORE Deductions (per month)	Welfare, Alimony AFDC, Child Support (per month)	Pensions Soc. Security Retirement (per month)	Other Income (per month)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

I have reviewed the District's policy and I am aware that supplying false information to obtain this Athletic fee waiver is a Class 4 felony (720 ILCS 5/17-6 [Ill. Rev.Stat., ch. 38, 17-6]) I attest that the statements made herein are true and correct.

Signature _____

Print Name _____

Address _____

City/Zip _____

Date _____

FOR DISTRICT USE ONLY – Do not write in space below

Eligibility Determination:

____ Approved

____ Reduced

____ Denied

Reason for Denial:

____ Income too High

____ Incomplete Application

____ Other

Date: _____

Allan T. Smigiel, Ed.D., Chief Financial Officer