

# FOX RIVER GROVE SCHOOL DISTRICT 3



403 Orchard Street  
Fox River Grove, Illinois  
Phone: (847) 516-5100  
Fax: (847) 516-9169

Dr. Tim Mahaffy,  
Superintendent

## APPLICATION FOR WAIVER OF REGISTRATION FEES

DATE \_\_\_\_\_ For School Year: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reason(s) for the request:

- Student or students live in a household that meets the free lunch eligibility guidelines established by the federal government pursuant to the National School Lunch Act, 42 U.S.C. 1758: 7 C.F.R. Part 245
- Student or student's family is currently receiving aid under Article IV of the Illinois Public Aid Code (Aide to Families with Dependent Children) and evidence of participation is attached.
- Family is experiencing very significant loss of income due to the following (describe in detail):  
\_\_\_\_\_  
\_\_\_\_\_

Applicants must apply to the District #3 Superintendent's Office within 30 days of the start of each school year every year or when the need arises. This fee waiver covers this year's registration fee (textbook and other instructional fees) and does not include extra-curricular fees or charges for lost and damaged books, locks, materials, supplies and equipment.

*I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). Therefore, I attest to the fact that the statements made herein are true and correct.*

Printed Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: REGISTRATION WAIVER: \_\_\_\_ Approved \_\_\_\_ Denied

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_