

MARISSA C.U.S.D. #40

206 East Fulton

Marissa, IL 62257

Phone: (618) 295-2313 - Fax: (618) 295-2609

BOOK WAIVER

Name of Student:	
Purpose of Fees:	
Amount of Fee:	
Date:	

I, the undersigned parent(s)/guardian(s), hereby request that the Board of Education Marissa C.U.S.D. #40 waive the above mentioned fee.

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

- The above named student (or student's family) is currently receiving aid under Article IV of The Illinois Public Aid Code (Aid to Families with Dependent Children) and evidence of participation is enclosed.
- The above named student is currently eligible for free meals pursuant to 105ILCS 125/1 et seq.
- While neither of the above are true, there are other reasons why I am unable to afford the school fee assessed to the above named student which are

I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent or Guardian's Signature _____