

# Ohio Community Schools

Ohio Consolidated School District #17

Ohio Community High School District #505

**“Where People Care”**

**Superintendent**  
Jennifer Hamilton  
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Fax 815/376-2102

103 MEMORIAL STREET  
P.O. BOX 478  
OHIO, ILLINOIS 61349-0478

**Principal**  
Jason Wilt  
Phone 815/376-2934  
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## Application for Fee Waiver

To be submitted to the Building Principal:

Name of student(s): \_\_\_\_\_

School Year: \_\_\_\_\_

Purpose of fee: \_\_\_\_\_

Amount of fee: \_\_\_\_\_

I, the undersigned parent/guardian of the student(s) listed above, hereby request that the School Board of School District # \_\_\_\_\_ waive the above mentioned school fee pursuant to Illinois Revised Statutes, Chapter 122, paragraph 10-20.13.

I further state that one of the following statements is true and accurate. Please check one line:

\_\_\_\_\_ The above mentioned student(s) is currently receiving aid under Article V of the Illinois Public Aid Code (Aid to Families with Dependent Children (AFDC)), and I am enclosing evidence of participation in AFDC;

\_\_\_\_\_ The above named student(s) is currently eligible for Free/Reduced price milk pursuant to Ill. Rev. Stat., Ch. 122, para. 712.1 et. Seq.;

\_\_\_\_\_ While none of the above two statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above named student. These other reasons are described in detail:

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

Parent/Guardian Signature: \_\_\_\_\_

Approval by Principal: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**“Home of the Bulldogs”**