

# Mendon Community Unit School District No. 4

P.O. Box 200, 453 West Collins, Mendon IL. 62351

Unity Elementary  
Shelly Sheffler, Principal  
Phone: 217-936-2512  
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Seth Klusmeyer  
Administrator - Curriculum  
Instruction & Assessment  
Phone 217-936-2111

Unity High/Middle School  
Josh Arnsnsman, Principal  
Phone 217-936-2116  
Fax 217-936-2117

Board of Education  
Scott D. Riddle, Superintendent  
Phone 217-936-2111  
Fax: 217-936-2643

## REQUEST FOR WAIVER OF STUDENT FEES FOR 2023-2024 SCHOOL YEAR

Today's Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I request that all applicable school fees be waived. I understand that this waiver does not include driver's education, locker fees, sports fees, activities, library fines, charges for loss, misuse or damage to school property, charges for class rings, yearbooks, pictures, diploma covers or similar items, optional travel expenses or charges for admission to school events.

Please check the option that fits your situation and attach copies of any pertinent documents supporting or providing evidence of the claim. You will be notified of the district's decision within 30 days of receipt.

\_\_\_1. The student(s) named above is/are currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children).

\_\_\_2. The student(s) named above is/are currently eligible for Free/Reduced lunches pursuant to current Federal and State guidelines.

\_\_\_3. My family is currently eligible under the guidelines of family aid income levels prescribed by the Secretary of Agriculture.

\_\_\_4. My family is currently experiencing extenuating circumstances such as very significant loss of income due to severe illness or injury in the family or unusual expenses due to fire, flood, storm or other catastrophe.

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

### Office Use Only

Date Received \_\_\_\_\_

\_\_\_ All applicable fees waived.

\_\_\_ All applicable fees waived by 50%.

\_\_\_ Waiver denied. Reason \_\_\_\_\_

School Official Signature \_\_\_\_\_ Title \_\_\_\_\_