

Operational Services

To Be Submitted To Superintendent

Appeal Of Denial Of Fee Waiver

Name of Student: _____
School: _____
Purpose of Fee: _____
Amount of Fee: _____

I, the undersigned parent(s)/guardian(s) of [name of student], hereby appeal the Building Principal's denial of my request that the School District waive the above-mentioned school fee pursuant to 105 ILCS 5/10-20.13 [Ill. Rev. Stat., ch. 122, ¶ 10-20.13]. I request that the Superintendent consider my fee waiver request.

Signature: _____
Name of Parent/Guardian

(please print): _____

Address: _____

Date: _____

