

the Giles and Leigh Public Schools *of District Eighty*

... SERVING THE VILLAGES OF NORRIDGE, HARWOOD HEIGHTS,
AND PORTIONS OF NORWOOD PARK AND LEYDEN TOWNSHIPS

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*Assistant Superintendent/Principal
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*Principal
Leigh School*

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NorrIDGE School District 80
Superintendent's Office
8151 W. Lawrence Avenue
NorrIDGE, Illinois 60706
708-583-2068

James Giles School
4251 North Oriole Avenue
NorrIDGE, Illinois 60706
708-453-4847

John V. Leigh School
8151 W. Lawrence Avenue
NorrIDGE, Illinois 60706
708-456-8848

APPLICATION FOR FEE WAIVER

To be submitted to the Building Principal

Name of Student: _____

School: _____

Purpose of Fee: FEES

Amount of Fee: \$ _____

I, the undersigned parent(s)/guardian(s) of _____
hereby request that the School Board of Norridge School District #80
waive the above-mentioned school 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, AFDC) and evidence of participation is enclosed;
- The student's household income does not exceed the income guidelines provided on page two of this Application for Fee Waiver, and that I have provided all true and accurate documents necessary to establish household income as defined therein;
- While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are (described in detail):

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.

Signature: _____

Name of Parent/Guardian(please print): _____

Address: _____

Date: _____