



**Keeneyville Elementary District #20  
WAIVER OF FEES APPLICATION 2024-2025**

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_

**PLEASE LIST YOUR KEENEYVILLE STUDENTS' NAMES HERE:**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF FORM 1040 OF YOUR 2023 INCOME TAX RETURN.**

**If you don't file taxes, please explain and provide proof of income**

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

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**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_  
(Signature and Date)

Denied: \_\_\_\_\_

Reason denied: \_\_\_\_\_