



**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

FOR OFFICE USE ONLY

Approved: _____
(Signature and Date)

Denied: _____

Reason denied: _____