



**Keeneyville Elementary District #20
WAIVER OF FEES APPLICATION**

Parent/Guardian Names: _____

Address: _____ City: _____

Phone Number: _____ E-mail Address: _____

Number of People in Household: _____

Parent Signature _____

Date _____

PLEASE LIST YOUR KEENEYVILLE STUDENTS' NAMES HERE:

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

PLEASE ATTACH A COPY OF FORM 1040 FROM YOUR 2024 INCOME TAX RETURN.

If you don't file taxes or if you have additional information regarding your financial situation, please explain below and provide proof of current income.

FOR OFFICE USE ONLY

Approved: _____
(Signature and Date)

Denied: _____

Reason denied: _____