Roselle School District 12
APPLICATION FOR WAIVER OF FEES 2026-2027
(Submit to Mary Ellen Graf at the District Office)

School:_____

Name of Student: _____

Describe Fee(s): _____

I, the undersigned parent or guardian of _____ hereby request that the Board of Education of Roselle School District No. 12 waive the above-mentioned fee(s) because:

_____ The student is receiving public aid (Temporary Assistance to Needy Families). Evidence of participation in TANF is attached.

_____ The above-named student is from a household whose gross income is at or below the levels shown below.

_____ Family Size

Family Size	Annual Income	Monthly Income	Weekly Income
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional Family Member	+10,508	+876	+203

_____There are other reasons why I am unable to afford the fees. They are:
(Specify) _____
_____
_____

_____I am aware that providing false information to obtain a fee waiver is a felony under Illinois law.

_____
(Print Name of Parent/Guardian)

_____
(Address)

_____
(Signature of parent/guardian)

Date: _____

Written evidence that the household income is at or below the level indicated is attached.

For Office Use Only
Approved/Denied: _____ Date: