



Irvington Grade School

500 Superior Street
Post Office Box 130
Irvington, IL 62848
(618) 249-6439
(618) 249-6440 (fax)

David Schulte, *Superintendent*
Pamela Schaeffer, *Administrative Assistant*

School Fee Waiver Form

I, _____, parent (or legal guardian) of:

(List students' names)

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Hereby request a waiver of textbook fees for the period of the 2013 – 2014 school year because I am unable to afford to pay said fees.

Family Size: _____

Adults (over 18) _____ Children (under 18) _____

Please list all income:

Name	Amount	Source	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of children currently in school: _____

Any factors or expenses temporarily affecting family income: _____

I certify that the above statements are true and correct.

(Parent's Signature)

(Parent's Name)

(Date)

OFFICE USE ONLY	
_____	Total annual family income
_____	F/R Elig