



**WHITESIDE SCHOOL DISTRICT 115**

111 Warrior Way  
Belleville, Illinois 62221

Telephone 618 239-0000  
Middle School Fax 618 239-9240  
Elementary School Fax 618 233-7931  
<http://www.wssd115.org>

*Mark Heuring*  
Superintendent  
*Monica Laurent*  
Middle School Principal  
*Jamie Cotto*  
Middle School Associate Principal  
*Nathan Rakers*  
Elementary Principal  
*Kim Bossler*  
Elementary Assistant Principal

## School Fee Waiver Form

Parents, please complete this entire form and return to the district office.

I, \_\_\_\_\_, parent (or legal guardian) of  
the student \_\_\_\_\_ with date of birth \_\_\_\_\_,  
hereby request a waiver of fees for the \_\_\_\_\_ Activity  
for the period from \_\_\_\_\_ to \_\_\_\_\_ because I am unable to afford to pay said fees.

FAMILY INFORMATION		
Family Size: _____	Adults (over 18): _____	Children (under 18): _____
Family income from all sources:	Source: _____	Income: _____
	Source: _____	Income: _____
	Source: _____	Income: _____
Number of children currently in school: _____		Number of children currently eligible for free breakfast or free lunch program: _____
Any factors or expenses temporarily affecting family income:		
Other (explain inability to pay fees):		

I certify that the above statements are true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_