Illini West HSD 307 4:140-E2

## **Operational Services**

## Exhibit - Response to Application for Fee Waiver, Appeal, and Response to Appeal

Response to Application for Fee Waiver (To Parents)	
Student's Name (please print)	School
$\square$ Request granted $\square$ Request denied for the following reason(s):	
form and submitting it to the Superinten appeal this decision, you have the right	appeal in writing by completing the following portion of this ident within 14 days of your receipt of this decision. If you to meet with the Superintendent or designee to explain why hay reapply at any time if circumstances change.
Building Principal	Date
Appeal of Denial of Fee Waiver (To be	submitted to the Superintendent)
fee described above.  I would like to explain why the fee with during a meeting with the person with the perso	the Building Principal's denial of my request to waive the vaiver should be granted during a telephone conversation or tho will decide my appeal. (If you check this box, someone l contact you to make arrangements.)
Parent/Guardian (please print)	Telephone Number
Signature	Date
The Superintendent's office will notificalendar days.	y you of the results of your appeal in approximately 14
Response to Appeal Fee Waiver Denial  I have reviewed your appeal.  Request granted Request den	(To Parents)  nied for the following reason(s):
Superintendent	Date
DATED: October 10, 2007	

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