

Operational Services

Exhibit - Appeal of Denial of Fee Waiver

To be submitted to the Superintendent

Name of Student:	
School:	
Purpose of Fee:	
Amount of Fee:	

I, the undersigned parent(s)/guardian(s) of *[name of student]* , hereby appeal the Building Principal's denial of my request that the School District waive the above-mentioned school fee pursuant to 105 ILCS 5/10-20.13. I request that the Superintendent consider my fee waiver request.

Signature:	
Name of Parent/Guardian (please print):	
Address:	
Date:	

DATED: October 10, 2007