



APPLICATION FOR WAIVER OF SCHOOL FEE(S)

School Year: _____
Please check the applicable:

- ☐ Extra-Curricular Sports
☐ School Bus Fees

SECTION A

Name of Parent/Guardian: (Mr. Mrs. Ms.) _____
Mailing Address: Box/Street _____; Town _____ Postal Code _____
Land Location _____
Telephone Numbers: (Home) _____ (Business) _____
Current Employer _____

Name of Student	School Attending	Grade	Bus Route

SECTION B

CONFIDENTIAL FINANCIAL INFORMATION

Number of adults residing in household: ____ Number of children (under 18) residing in household: ____

Please provide copies of the following as proof of income for one year:

Current Pay Stubs
UIC Benefit Statement
Social Assistance confirmation letter
Support Payments

If the above is not available we will consider application with copy of last year's Notice of Assessment from Revenue Canada

	Total Income Per Line 150 of T1
Wage Earner #1	
Wage Earner #2	
Wage Earner #3	

SECTION C

Exceptional Circumstances (Use a separate page if necessary)

Peace River School Division No. 10
Administrative Procedure 506

I hereby certify that the information above is true and understand that the Board will rely upon it in assessing this application. I am aware that only my name and address will become a matter of public record when forwarded to the Board of Trustees for information. I also understand that the financial and other information provided above is confidential.

Signature _____ Date _____

The information on this application form is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of The School Act and Peace River School Division No. 10 policy. Information collection is necessary to provide information that will allow the School Division to evaluate whether your family is eligible to have school fees waived. If you have any questions about the collection of this information, contact the Freedom of Information and Protection of Privacy Coordinator at Peace River School Division, 10018 101 St., Peace River, T8S 1S7 or call 780-624-3601.

INFORMATION ON WAIVER OF FEES

1. Please complete Section A.
2. Proof of income must be provided before application will be considered.
3. Families on Social Assistance may skip Section B & C by providing:
A statement from Social Services certifying that the applicant is on Social Assistance and the student(s) is/are dependent(s) of the applicant; or
4. Please complete Section C if there are exceptional circumstances why you are unable to pay the fee(s). Please provide detailed information with supporting documents.
5. Please sign and mail the completed application form with supporting document(s) to:

Secretary-Treasurer
Peace River School Division No. 10
10018 101 Street
Peace River, AB
T8S 2A5

(mark "CONFIDENTIAL" on the envelope)

6. You will be notified of a decision within approximately three weeks.

Office Use Only

Signature:

Date: