



STUDENT FEE/CHARGES/REIMBURSABLE DEPOSITS WAIVER APPLICATION

To the Applicant: Please complete and submit to the school principal.

Parent/Guardian Applying:
Address:
Phone Number:

Student Name	School	Fee Type	Fee Amount
			\$
			\$
			\$
			\$
Total			\$

Administrative Procedure 201.5AP Section 2.9 States: Circumstances under which charges can be waived should demonstrate financial hardship.

Please include information you wish to provide in support of your application (use reverse side of this form if necessary):

I hereby certify the above information is true and understand that the School Division will rely upon it in assessing this application. I also understand that all financial and other information provided will be kept confidential.

Signature: _____ Date: _____

Recommendation by School Principal Required:

Approved / Denied

Comments:

Signature: _____ Date: _____