



Form 505-1

2018-2019 School Year Application for Waiver of School Fees

Please complete all sections of this application.

Name and Complete Address of Parent/Guardian			
Last Name		First Name	
Street Address		City	Province Postal Code
Home Telephone No.		Business Telephone No.	
Name of Student(s)		School(s) Attending	

Please list the fees you are applying to have waived. (You may attach a school invoice or additional documents)	
Course, program, etc.	Fee amount
Total Fees	

Please describe your circumstances. Why are you applying to have fees waived?

I certify that the information provided on this application and in any documents attached is correct and complete. I also understand that the information shared on this form is confidential.

Signature _____ (Print and Sign)

Date _____

**Textbooks not returned at the end of the school year will be charged to the student.
ALL APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED.**

FOR OFFICE USE ONLY

Approved <input type="checkbox"/>

Not Approved <input type="checkbox"/>	Comments: _____

Date: _____	Principal Signature: _____
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