

SECTION A: PARENT / GUARDIAN		
Last Name		First Name
Street Address		
Town	Province	Postal Code
Home Phone #	Business Phone #	Email
Number of People Residing in Household:	# of Adults	# of Children
Name of Child(ren) – Include all within the household		School(s) Attending
SECTION B: CONFIDENTIAL FINANCIAL INFORMATION: Please choose one of the following:		
<input type="checkbox"/> I have attached a copy of a 2022 Option C Form for All adults in the household. Option Cs may be obtained at no charge by calling the Canada Revenue Agency at 1-800-959-8281. Please do NOT send Notice of Assessment		
<input type="checkbox"/> I have attached a copy of an August or later Social Services Healthy Benefits Card (must list the students as your dependents).		
<input type="checkbox"/> I have attached a copy of my Alberta Works Health Benefit Card with proof of eligibility letter (must list the students as dependents).		
<input type="checkbox"/> I am an independent student and have attached the Declaration of Independence form signed by a school administrator/counsellor.		
SECTION C: Exceptional Circumstances: Please refer to information below.		
<input type="checkbox"/> My circumstances are exceptional and I have provided the necessary documents as outlined on this form.		

## Application for Waiver of Fees (continued)

### Exceptional Circumstances

Check Section C above if there are exceptional circumstances that are affecting your ability to pay your fee(s). In order to be considered for exceptional circumstances all of the following criteria must be met:

- 1) Provide a detailed letter explaining your circumstances.
- 2) Attach supporting documents that substantiate your claim such as the following:
  - Photocopies of your current reporting card and cheque stub for Employment Insurance Benefits (names and amount received must be visible)
  - Letter from your present employer stating your current gross income
  - Letter from school/university you are attending full time or a photocopy of your student loan
  - A current statement from Social Services certifying that the applicant is on social assistance and the student(s) is/are dependent(s) of the applicant
  - Resettlement assistance program documents
- 3) Waiver must also be signed by Principal(s) of your child(ren)'s school(s).
- 4) Decisions rest with the Assistant Superintendent, Corporate Services.
- 5) Appeals may be made to the Superintendent of Schools as per AP506 – 18.

The following chart of family income levels outlines how the waiver of fees will be determined for the 2020-2021 school year:

# of Adults and Children per Household	100% Waiver	50% Waiver
1 person	<\$21,960	\$21,960 - \$29,280
2 persons	<\$27,338	\$27,338 - \$36,450
3 persons	<\$33,608	\$33,608 - \$44,810
4 persons	<\$40,806	\$40,806 - \$54,408
5 persons	<\$46,282	\$46,282 - \$61,709
6 persons	<\$52,198	\$52,198 - \$69,597
7 or more persons	<\$58,115	\$58,115 - \$77,486

Statistics Canada information used as a guideline

Sign and mail the completed application form with supporting document(s) to:

Foothills School Division,  
Assistant Superintendent, Corporate Services,  
PO Box 5700,  
Suite 300, 129 4<sup>th</sup> Ave SW, High River, AB., T1V 1M7

- Please include an email address to receive notification of approval.
- You are liable for your school fees until such time that you have been contacted by our office with an approval notification.
- We will endeavor to process your fee waiver within 3 weeks of the receipt date. If you have submitted a fee waiver request and have not heard back after 3 weeks please contact our office at 403-652-3001