Application for Waiver of Fees 2022 – 2023 School Year

Application Deadline: December 31, 2022

PLEASE READ ENTIRE APPLICATION PRIOR TO FILLING THE FORM and complete Section A and either B or C.

- 1) Waiver Covers Fees for: Course Fees, Technology Fees, Funded Transportation Fees, Co-curricular Fees & Instructional Activities
- 2) Waiver does NOT cover fees for: Ineligible Transportation, School of Choice, Program of Choice, Non-Resident, Extracurricular Activities, Lockers, Yearbooks or other miscellaneous fees.
- 3) Waivers will not be approved if any students in the family have outstanding fees from previous years. All books must be returned or paid for before the fee waiver can be approved.
- 4) Any previous year School Fees that you have paid will be refunded at your request to the school upon approval of this waiver form.

| SECTION A: PARENT / GUARDIAN | | | |
|--|-------------------------------|---|--|
| Last Name | First Name | | |
| Street Address | | | |
| Town F | Province | Postal Code | |
| Home Phone # E | 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 | | School(s) Attending | |
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| SECTION B: CONFIDENTIAL FINA | NCIAL INFORMATION: P | lease choose one of the following: | |
| 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 | | | |
| I have attached a copy of an August or later Social Services Healthy Benefits Card (must list the students as your dependents). | | | |
| □ I have attached a copy of my Alberta Works Health Benefit Card with proof of eligibility letter (must list the students as dependents). | | | |
| I am an independent student and hav administrator/counsellor. | e attached the Declaration of | Independence form signed by a school | |
| SECTION C: Exceptional Circumstances: Please refer to information below. | | | |
| □ My circumstances are exceptional an | d I have provided the necessa | ary documents as outlined on this form. | |

I certify that the information provided on this application and in any of the attached documents are correct and complete. I also understand that the financial and other information is confidential.

Signature of Parent / Guardian

Signature of School Administrator

Date

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.

| # 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 |

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

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 4th 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