



2015 – 2016 School Year Application for Waiver of School Fees

SECTION A: NAME AND ADDRESS OF PARENT/GUARDIAN (Please print)			
Last Name	First Name		
Mailing Address	City	Province	Postal Code
Home Telephone No.	Business Telephone No.		

Name of Student(s)	School(s) Attending

SECTION B: CONFIDENTIAL FINANCIAL INFORMATION

Number of people residing in household: No. of adults _____ No. of children _____

Please complete the following information based on your **2014 Notice of Assessment(s)** from the Canada Revenue Agency.

Please attach photocopies of the Notice of Assessment(s).

	Total Income per Line 150
Wage Earner #1	\$
Wage Earner #2	\$
Wage Earner #3	\$
TOTAL	\$

SECTION C: EXCEPTIONAL CIRCUMSTANCES (Please describe)
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I certify that the information provided on this application and in any documents attached is correct and complete. I also understand that financial and other information provided above is confidential and will be protected under FOIPP (Freedom of Information and Protection of Privacy) Act.

Signature _____
Date

Please sign the completed application form with supporting document(s) and:

Mail to:
Sherry Majcan, Accountant
Chinook's Edge School Division No. 73
4904 – 50th Street
Innisfail, AB T4G 1W4

Fax to: (403) 227-2291
or

Scan and Email: smajcan@cesd73.ca

ALL APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED