



2016 – 2017 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 **2015 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)
--

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

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

Fax to: (403) 227-3652
or
Scan and Email: aschultz@cesd73.ca

ALL APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED.