



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.