

POLICY <u>HIAF</u>- School Fees Exhibit 2- Waiver or Refund of Fees Form Page 1 of 2

	T			
Name of Parent/Guardian				
Address				
Physic				
Phone 1/2 II				
Name of Parent/Guardian				
Address (if different than above)				
Phone				
OR				
Name of Independent Student				
Address				
Phone				
Name(s) of student(s)		School attending		
			9	
List of Fees to be waived or refund	led:			
Fee		Total	Amount to Waive or Refund	
* Note: generally optional items and	events will	not be considered	for waiving.	
Please note any extenuating circumst	tances: (i.e.	sudden job loss)		

The follor	wing information must be completed be	efore the application for waiver or refund is a	accepted for
	Volunteer opportunities to offset fee	s have been discussed with principal	
	Copy of CRA income tax Notice of Ass	essments for each parent/guardian attached	Ł
	'List of Fees That to be Waived or Ref	funded' section on page 1 has been complet	ed
of Fees F there are	orm and the information I have provide any changes to this information. I conf	ood the information contained on this Waiver of is correct. I accept responsibility to advise firm that I have the authority to sign this consents of this consent and the fact it has been sign.	the school if sent and will
	Parent/Guardian Signature	Date	
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Submit your application to: Peace Wapiti Public School Division 8611A -108 Street Grande Prairie AB Attention: Secretary-Treasurer

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* and the *Education Act* and its regulations and will be used to respond to your request.