

Section A

APPLICANT (Parent/Guardian) Information (please print)

| | | |
|-----------|------------|-----------------|
| Last Name | First Name | Phone Number(s) |
| _____ | _____ | _____ (Home) |
| Address | | _____ (Work) |
| _____ | | _____ (Cell) |
| City | | |
| _____ | | |

School Year: _____

STUDENT INFORMATION (please print names of all Aspen View students living with the Applicant)

Indicate which fees you want waived for each student by planning an [X] in the appropriate box

I.S.M = Instructional Supplies & Materials TRN = Transportation OTH = Other

| Student Name | School Attending | Grade | I.S.M. | TRN | OTH |
|--------------|------------------|-------|--------|-----|-----|
| | | | | | |
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Section B

CONFIDENTIAL FINANCIAL INFORMATION

Number of adults residing in household: _____ Number of children (under 18) residing in household: _____

Proof of income for one year, proof of income could include copies of the following:

- Current Pay Stubs
- EI Benefit Statement
- Social Assistance Confirmation letter
- Support Payments
- If the above is not available, we will consider application with a copy of last year's Notice of Assessment from Revenue Canada

| | Total Income per Line 150 of T1 |
|---------------|---------------------------------|
| Wage Earner 1 | |
| Wage Earner 2 | |
| Wage Earner 3 | |

Section C

EXCEPTIONAL CIRCUMSTANCES (if applicable) – Use separate page if necessary

Section D

I certify that the information given on this application and in any documents attached is correct and complete. I understand that financial and other information provided is confidential. I also understand that I am responsible for all fees incurred prior to approval of this application.

Signature

Date

Address

Phone

The information on this application for is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the Education Act. Information collection is necessary to provide information that will allow the School Division to evaluate whether your family is eligible to have school fees waived. If you have any questions about the collection of this information, contact the Freedom of Information and Protection of Privacy Coordinator at Aspen View Public Schools, 3600 48 Avenue, Athabasca, Alberta, T9S 1M8 or call 780-675-7080.

INFORMATION ON WAIVER OF FEES

1. Please complete Section A.
2. **Proof of income must** be provided before application will be considered.
3. Please complete Section B; list all students attending an Aspen View Public School for which you want to have fees waived. Indicate with an [X] which fee(s) you would like waived: Instructional Supplies and Materials (I.S.M.), Transportation (TRN) or Other (OTH).
4. Families on Social Assistance may skip Sections B and C by providing: A statement from Social Services certifying that the applicant is on Social Assistance and the student(s) is/are dependent(s) of the applicant; or
5. Complete Section C if there are exceptional circumstances why you are unable to pay the fee(s). Please provide detailed information with supporting documents.
6. Please read the information in the Authorization area and attach supporting documents.
7. Place this form (with attachments) into an envelope, write "Confidential – Waiver Form" on the outside of the envelope, and deliver to the office of your child’s school or mail to:
Aspen View Public Schools
3600 48 Avenue
Athabasca, Alberta T9S 1M8
8. You will be notified of a decision within approximately three weeks.

APPLICATIONS WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED

OFFICE USE ONLY

Comments:

Authorized by:

Date: