



# 2017 – 2018 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 **2016 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 | \$                        |
| <b>TOTAL</b>   | \$                        |

| 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 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:** [feesupport@cesd73.ca](mailto:feesupport@cesd73.ca)

**ALL APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED.**