



# 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
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**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

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