APPLICATION FOR WAIVER OF SCHOOL FEES AND CHROMEBOOKS

Section A: Applicant Information			
LAST NAME	FIRST NAME		
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE NO.	EMAIL ADDRESS		

Section B: Student/Fee Information			
Name of Student(s)	School(s) Attending	Description of Fees to be waived	Fee Amount

The following chart of family income levels outlines how the waiver of fees will be determined for the 2026-2027 school year. Statistics Canada Information is used as a guideline.

Household Persons (Adult & Children)	100% Waiver	50% Waiver
1 Person	< $27,984	$27,984 - $37,219
2 Persons	< $34,458	$34,458 - $45,829
3 Persons	< $42,360	$42,360 - $56,339
4 Persons	< $51,433	$51,433 - $68,406
5 Persons	< $58,334	$58,334 - $77,585
6 Persons	< $65,793	$65,793 - $87,504
7 or more Persons	< $73,249	$73,249 - $97,422

Section C: Circumstances	
☐	I have attached a copy of a 2025 Proof of Income Statement from the Canada Revenue Agency **FOR ALL PARENTS** as defined by S47 of the Family Law Act, unless there is a court order. **If Proof of Income Statement is not provided for ALL Parents, this option will not be considered.** To obtain a Proof of Income Statement, call the Canadian Revenue Agency at 1-800-959-8281. *PLEASE **DO NOT** SEND NOTICE OF ASSESSMENT*.
☐	I have attached a copy of an August or later Social Services Health Benefits card (must list dependent student(s)).
☐	I have attached a copy of my Alberta Works Health benefit card WITH proof of eligibility letter (must list dependent student(s)).
☐	I am an independent student.
☐	My circumstances are exceptional and have been discussed with the Principal(s).

I certify that the information provided on this application and in any documents attached are correct and complete. I also understand that the information shared on this form is confidential.

Signature of Applicant _____ Date _____

NOTES: Submit completed form to the School Principal. Textbooks not returned at the end of the school year will be charged to the student.

FOR OFFICE USE ONLY			
☐ Approved ☐ Not Approved	DATE	PRINCIPAL SIGNATURE	COMMENTS