

Name of Parent/Guardian	
Address	
Phone	
Name of Parent/Guardian	
Address (if different than above)	
Phone	

OR

Name of Independent Student	
Address	
Phone	

Name(s) of student(s)	School attending

List of Fees to be waived or refunded:

Fee	Total	Amount to Waive or Refund

* Note: generally optional items and events will not be considered for waiving.

Please note any extenuating circumstances: (i.e. sudden job loss)

The following information must be completed before the application for waiver or refund is accepted for review:

- ☐ Volunteer opportunities to offset fees have been discussed with principal
- ☐ Copy of CRA income tax Notice of Assessments for each parent/guardian attached
- ☐ 'List of Fees That to be Waived or Refunded' section on page 1 has been completed

I HEREBY declare that I have read and understood the information contained on this Waiver or Refund of Fees Form and the information I have provided is correct. I accept responsibility to advise the school if there are any changes to this information. I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.

Parent/Guardian Signature

Date

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.