

Westmount Charter School Applying for a Fee Waiver

If any one of the following applies to your family, complete an Application for Waiver of Fees form, attach proper documentation (applicant's name must be on the documentation) and return it to the Board Office, Attn: Accounts Receivable.

1. We receive assistance from a Provincial or Federal agency.

Attach a photocopy of one of the following:

- · A current Medical Services Card.
- A current letter from your Social Worker
- · A current Client Reporting Card
- Evidence of coverage under AISH program
- 2. We are low income but not on Social Assistance.

Attach a photocopy of one of the following:

- A current Alberta Child Health Benefit Card <u>and</u> a copy of your notification from Alberta Works indicating the expiry date of the card.
- A current Canada Revenue Notice of Assessment for both parents

DO NOT attach any of the following to your application, as they are not acceptable:

- Pay stubs from your place of employment
- Employment Insurance documents
- Workers Compensation documents

Full or partial waivers are considered for the following:

- Instructional Resource Fees (all grades)
- Optional Course Fees (Gr. 6 to 12)
- Field Trip Fees (only trips which involve all students in a particular class/grade)

Applications and supporting documentation for fee waivers are due December 1st of each year. Late applications may be denied.

Transportation fees cannot be waived or reduced.

Please note that if you have questions regarding the Alberta Child Health Benefit program, please call 1-866-644-5135 (toll-free number) or visit employment.alberta.ca/FCH/2073.html

Attachment: Application for Fee Waiver Form



Westmount Charter School

Application for Waiver of Fees

(Please complete one form per family. You will be contacted regarding the outcome of this application. Transportation fees cannot be waived or reduced.)

waiver requested for	school year.
PARENTAL INFORMATION	
Full Name of Father:	Full Name of Mother:
Address:	Address:
Postal Code:	Postal Code:
Phone #: (home) (cell)	Phone #: (home) (cell)
Email:	Email:
STUDENT INFORMATION	
Student Name(s)	Grade
	0.000
	+
FEES	
Please mark all that apply.	Please indicate the level of support requested:
Instructional Resource Fee(s)	□ 100% waiver □ 50% waiver
Course Fee(s)	□ 75% waiver □ Other:
Field Trip Fee □	
AUTHORIZATION	
I certify that the information given on this applica	
in a confidential manner.	and other information provided will be maintained
Total Number of Dependent Children in Family:	
Signature:	Date:
APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED	
OFFICE USE ONLY	
	DOCUMENTATION
DATE:	NIATUDE.

The personal information contained on this form is collected under the authority of the *School Act* and of *Alberta's Freedom of Information and Protection of Privacy Act* for the purposes noted above. Supporting documentation will be destroyed at the end of each school year.