STEM Collegiate

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 by email to fees@stemcollegiate.ca

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 and 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
- Complementary Course Fees
- Field Trip Fees (only trips which involve all students in a particular class/grade

Applications and supporting documentation for fee waivers are due by December 01.

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 1-877-469-5437 (toll free number) or visit https://www.alberta.ca/alberta-child-health-benefit.aspx

STEMCOLLEGIATE EDMONTON

STEM Collegiate

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/GUARDIAN INFORMATION

Full name of Father/Guardian:	Full name of Mother/Guardian:
Address:	Address:
Postal Code:	Postal Code:
Phone #: (home) (cell)	Phone #: (home) (cell)
Email:	Email:

STUDENT INFORMATION

Student name(s)	Grade

FEES

Please mark all that apply	Please indicate the level of support requested:
Instructional Resource Fee(s) ☐	☐ 100% waiver ☐ 50% waiver
Complementary Course Fee(s) ☐	☐ 75% waiver ☐ other: _____
Field Trip Fee _____ ☐ Trip Name	

AUTHORIZATION

I certify that the information given on this application and in any documents attached is correct and complete. I also understand that financial and other information will be maintained in a confidential manner.

Total Number of Dependent Children in Family: _____

Signature: _____ Date: _____

APPLICATIONS WITH INSUFFICIENT INFORMATION WILL NOT BE PROCESSED

OFFICE USE ONLY

ACCEPTED _____ DECLINED _____ DOCUMENTATION _____

DATE: _____ SIGNATURE: _____

The personal information contained on this form is collected under the authority of the *Education 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.