STEM Innovation Academy

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
Optional 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.