

ST. PAUL EDUCATION REGIONAL DIVISION NO. 1

FEE WAIVER APPLICATION

Parent/Guardian Information:

Name: _____
Address: _____
Postal Code: _____ Phone Number: _____

STUDENT NAME	SCHOOL	GRADE	ANNUAL FEE
			\$
			\$
			\$
			\$
			\$
TOTAL:			\$

Please outline information you may wish to provide in support of your application (use reverse of this form if necessary). Note that a payment plan is available to those not able to make a lump sum payment and you may wish to discuss this option with your school principal.

I certify the above information is true and understand that the Board will rely upon it in assessing this application. I also understand that the financial and other information provided above is confidential.

Signature: _____ Date: _____

Principal Recommendation Approve Application: _____ Yes _____ No

Principal Signature: _____ Date: _____