

WAIVER OF FEES APPLICATION (PRSD STUDENTS ONLY)

Please read both sides of this form prior to filling it out. Complete Sections A and either B or C				
Section A: Parent/Guardian		School Year:	202 / 202	
Last Name:		First Name:		
Email address:				
Mailing Address: Street / Box No.		Town:		AB.
Home Ph. No.	Work Ph. No.		Cell No.	

	Grade	School(s) Attending	Waiver
Please include all children			Туре

Section B: Financial Information		
Number of adults living in household:		
Number of children (under age of 18) liv	ing in household:	
Total Number of people living in house	ehold:	
	Total Income	Current Employer or Source of Income
Total income for Wage earner 1	\$	
Wage earner 2	\$	
Wage earner 3	\$	
Wage earner 4	\$	
TOTAL Household income based		
on all sources	\$	

Please provide proof of **TOTAL HOUSEHOLD INCOME** for one year. Current pay stubs, Employment Benefits, Social Assistance confirmation letter, support payments may be considered proof of income.

1	have attached a copy of Proof of Income (OPTION C FORM) for ALL adults in the household. Option C Forms may b	e
C	btained at no charge by calling the CRA	

I have attached a copy of current pay stub(s)

I have attached a copy of my Alberta Works Health benefit card WITH proof of eligibility letter (must list the students as dependents.)

506-1	Application	for PRSD	Student	Waiver	of Fees

Section C:	Except	ional Circums	tances
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I certify that the information provided on this application and any documents attached is correct and complete. I also understand that the financial and other information provided above is confidential.

Signature

For Office Use Only

Date

Please forward completed form and documents to the attention of:

Carolynn Fraser Director of Business Services Peace River School Division Box 380 Grimshaw, AB. TOH I WO

Mark the envelope CONFIDENTIAL