

## ADMINISTRATIVE PROCEDURE 505 School Fees - (Form 505-2)

### APPLICATION FOR WAIVER OF FEES OTHER THAN EXTRA-CURRICULAR FEES GREATER THAN \$150

This form is to be used in the event that you cannot pay:

- ***Fees other than Extra Curricular greater than \$150***

Please complete and send to the principal of your child’s school. Only one form needs to be completed per family when all children attend the same school; otherwise, a form for each school will need to be completed. In addition, only one form per school year needs to be completed.

**PLEASE NOTE IMPORTANT INFORMATION ON THE SECOND PAGE OF THIS FORM.**

**SECTION A: FAMILY INFORMATION**

Parent/Guardian 1			
Last Name		First Name	
Street Address	City	Province	Postal Code
Home Phone	Cell Phone	Email	
Parent/Guardian 2			
Last Name		First Name	
Street Address	City	Province	Postal Code
Home Phone	Cell Phone	Email	
Number of People Residing in the Household: Adults _____ Children _____			
Please include the names of all current MHCBE students living with the parent(s)/guardian(s) above			
Last Name	First Name	Name of School	Grade

**SECTION B: CONFIDENTIAL FINANCIAL INFORMATION (Please choose one of the following)**

- I have attached a copy of my most recent Option C Form or Notice of Assessment for **ALL** adults in the household. **OR**
- I have attached a copy of a current Social Services Health Benefits card, which lists the above students as my dependents. **OR**
- I have attached a copy of my Alberta Works Health Benefit card with a letter of confirmation of renewal for the current year, which lists the above students as my dependents.

**SECTION C: EXCEPTIONAL CIRCUMSTANCES (Optional)**

I/we have attached a detailed letter explaining my/our exceptional circumstances. The following documentation to support my/our claim is attached (**supporting documentation must be provided for all adults residing in the home**) *Check all that apply:*

- Photocopies of Employment Insurance Current Claim information, reporting cards and cheque stubs
- Letter from my present employer verifying my current gross income
- Proof of full-time enrollment at my school/university that I am currently attending

**SECTION D: PERMISSION TO EMAIL**

Yes, The Medicine Hat Catholic Board of Education can email me with respect to this application.

**I CERTIFY** the information provided on this application and in any documents attached is correct and complete. I also understand that financial and other information provide is confidential.

**SIGNATURE:**

Signature (Parent/Guardian 1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian 2): \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT INFORMATION**

1. Application only needs to be completed once per school year, per family when all children attend the same school; otherwise a form for each school will need to be completed.
2. **Freedom of Information and Protection of Privacy – Notification of Use:** The information collected on this form is for the purpose of processing this Application for Waiver of Fees Greater than \$150. This personal information is collected pursuant to the provisions of the FOIP Act, section 33(c). If you have any questions about the collection and use of the information, please contact The Medicine Hat Catholic Board of Education’s Executive Assistant to the Superintendent 403-527-2292.
3. This application must be completed in its entirety to be considered.
4. Mail the signed and completed application form with supporting documents, marked CONFIDENTIAL, to the school principal. Contact information can be found on the school website via [www.mhcbe.ab.ca](http://www.mhcbe.ab.ca).
5. You are responsible for your fees until such time as you have received approval notification from our office. It is our goal to process the Waiver of Fees Greater than \$150 within three (3) weeks of receiving your application. If you have not heard from our office within a reasonable period of time, please contact the school principal. Contact information can be found on the school website via [www.mhcbe.ab.ca](http://www.mhcbe.ab.ca).

Information from Sections A-C will be used in conjunction with the following chart of Low Income Cut-Offs Before Tax (City of Medicine Hat Low Income Cut-Offs) for the school year to determine if a reduction or waiver of fees is warranted.

*\*City of Medicine Hat's Low Income Cut-Offs Before Tax for the Fair Entry Program are used as a guideline - as of 2023*

**Current LICO Scale being used (2023)**

Size of family	Total income before tax (gross)
1 person	\$26,127
2 persons	\$32,525
3 persons	\$39,986
4 persons	\$48,550
5 persons	\$55,064
6 persons	\$62,103
7 or more persons	\$69,143