



HORIZON EARLY LEARNING PROGRAM Application for Waiver of Fees

APPLICATION DEADLINE NOVEMBER 1st

OFFICE USE ONLY
<input type="checkbox"/> approved

PLEASE READ BOTH SIDES

PRIOR TO FILLING OUT FORM and complete Section A and either B or C

This application is to apply for Early Learning fees to be waived. Any current school year Early Learning fees that you have paid will be refunded, at your request, upon approval of this waiver form.

SECTION A: PARENT/GUARDIAN

Last Name			Parent Name (both parents if applicable)		
Street Address		City	Postal Code		
Home/Cell Telephone No			Work Telephone No.		
Number of people residing in household: No. adults _____			No. children _____		

Name of Child(ren) (Include all)	School Attending (they don't have to be school age)

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

- I will provide proof of my household income
- I have attached a copy of an July or later Social Services Health benefits card (must list the child as your dependent)
- I have attached a copy of my Alberta Works Health benefit card **WITH** proof of eligibility letter

SECTION C: EXCEPTIONAL CIRCUMSTANCES (Refer to information on the back of this form)

- My circumstances are exceptional and I have provided the necessary documents as **outlined on the back of this form**

I certify the information provided on this application and in any documents attached is correct and complete. I also understand financial and other information provided above is confidential.

The personal information contained in this form is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act for the purposes noted. If you have any questions about this collection, please contact Division office.

In signing this form:

- *I understand that financial and other information provided is confidential, subject to the above information sharing;*
- *I certify that the information given in this application and in any documents attached is up to date, correct and complete.*

Parent/Guardian (Print Name)

Signature

Date

EXCEPTIONAL CIRCUMSTANCES

Check **Section C** on front if there are exceptional circumstances that are affecting your ability to pay your fee(s). In order to be considered for exceptional circumstances all of the following criteria must be met:

- 1) Provide a detailed letter explaining your circumstances
- 2) Attach supporting documents that substantiate your claim such as the following:
 - Photocopies of your current reporting card and cheque stub for Employment Insurance
 - Benefits (name and amount received must be visible)
 - Letter from your present employer stating your current gross income
 - Letter from school/university you are attending full time or a photocopy of your student loan
 - A current statement from Social Services certifying that the applicant is on social assistance and the student(s) is/are dependent(s) of the applicant
 - Resettlement assistance program documents
- 3) Final decision rests with the Assistant Superintendent of Learner Services

The following chart of family income levels outlines how the waiver of fees will be determined for the school year

<u># of Adults and Children Per Household</u>	<u>100% Waiver</u>	<u>50% Waiver</u>
2 persons	<\$25,456	\$25,456- 33,941
3 persons	<\$31,294	\$31,294 - 41,725
4 persons	<\$37,996	\$37,996 - \$50,662
5 persons	<\$43,095	\$43,095 - \$57,460
6 persons	<\$48,605	\$48,605 - \$64,806
7 or more persons	<\$54,114	\$54,114 - \$72,151

Statistics Canada information used as a guideline

APPLICATION SUBMISSION

Complete the application form and submit with supporting documentation. Submit by dropping off in person, email or postal mail. See information below:

Horizon School Division No. 67
6302 – 56th Street
Taber, Alberta T1G 1Z9
Attention: Elisha Boulay, Secretary of Learner Services
Email: elisha.boulay@horizon.ab.ca

Mark “CONFIDENTIAL” on the envelope
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All applications are reviewed and approved by Terri-Lynn Duncan, Assistant Superintendent Learner Services. You may be asked to meet with Terri-Lynn as she reviews your application.

****You are liable for your school fees until which time you have been notified by our office with an approval notification. It is our goal to process your fee waiver within 3 weeks of the receipt date. If you have questions or submitted a fee waiver and have not heard back within 3 weeks, please contact Elisha Boulay at 403-223-3547 ext. 10145.**