Application Deadline - March 31, 2026

Waiver of fees covers course fees and other mandatory school fees.

Designate

- Waiver of fees does not cover fees related to transportation charges for students attending a school outside their designated Division, alternate seats, extra-curricular activities or other fees such as Nature Kindergarten, Full time Kindergarten or Early Education fees.
 Transportation waivers for students in other school Divisions including Evergreen Catholic School
- Transportation waivers for students in other school Divisions including Evergreen Catholic School Division and private schools should be requested through their own Division.

Complete Section A and B or C.

Section A: Applicant Information (Parent/Guardian or Independent Student)				
LAST NAME FIRST NAME				
STREET ADDRESS	Сп	Y PROVINCE	POSTAL CODE	
HOME TELEPHONE NO.	BUSINESS TELEPHONE NO.	EMAIL ADDRESS		
Number of people residing in household: No. Adults		No. Children		
Name of Student(s)	School(s) Attending	Description of Fees to be Waived (e.g. school fees, transportation fees, etc.)	Fee Amount	
Section B: Confidential Financial Information (If none of the following apply please complete Section C:)				
 □ I have attached a copy of a 2024 Proof of Income Statement from The Canada Revenue Agency FOR ALL PARENTS as defined by S47 of the Family Law Act, unless there is a court order. If Proof of Income Statement is not provided for ALL parents, this option will not be considered. To obtain a Proof of Income Statement, call the Canadian Revenue Agency at 1-800-959-8281. □ I have attached a copy of a valid Social Services Health Benefits card (must list dependent student(s)). 				
☐ I have attached a copy of my Alberta Works Health benefit card WITH proof of eligibility letter (must list dependent student(s)).				
I am an independent student and have attached the Declaration of Independence form signed by the school counsellor.				
Section C: Exceptional Circumstances				
☐ My circumstances are exceptional and I have met the requirements described on page 2 of this form. I certify the information provided on this application and in any documents attached is correct and complete. I also understand that all financial and other information provided is confidential.				
	6.0.11			
Signature o	of Applicant	Date		
Signature of Princ	cipal or Designate	Date	Date	
Signature of Associate Superintender	nt Corporate Supports and Servi	ces or Date		

The following chart of family income levels outlines how the waiver of fees will be determined for the 2025-2026 school year. Statistics Canada information is used as a guideline.

# in Family	100% Waiver	50% Waiver
1 Person	<\$27,436	\$27,436- \$36,489
2 Persons	<\$33,782	\$33,782- \$44,930
3 Persons	<\$41,530	\$41,530- \$55,235
4 Persons	<\$50,424	\$50,424- \$67,064
5 Persons	<\$57,191	\$57,191- \$76,064
6 Persons	<\$64,503	\$64,503- \$85,788
7 or more Persons	<\$71,813	\$71,813- \$95,512

Exceptional Circumstances

For fees to be waived based on exceptional circumstances, the following are required:

- 1. A detailed letter explaining your circumstances;
- 2. Documents that provide proof of your exceptional circumstance, such as:
 - 2.1. Photocopy of your current report card and a cheque stub for Employment Insurance Benefits (Name and amount received must be visible).
 - 2.2. Letter from your present employer stating your current gross income.
 - 2.3. Letter from the school/university you are attending fulltime or a photocopy of your student loan.
 - 2.4. 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.
 - 2.5. Resettlement assistance program documents.
- 3. Signature of the student(s) school principal. If multiple students are listed on the form only one signature is needed.

Final decision rests with the Associate Superintendent, Corporate Supports and Services

Sign and return the completed application form and supporting document(s) to your school or to:

Centre for Education Associate Superintendent, Corporate Supports and Services 4603-48 Street Stony Plain, AB T7Z 2A8

Please mark "CONFIDENTIAL – WAIVER" on the envelope.

It is important to note:

Until you have been notified that your request for a waiver has been approved, you are liable for your assessed fees.

It is our goal to process waiver of fees applications within 3 weeks of their receipt. If you submitted a waiver of fees application and have not heard back within this time frame, please contact our office.

Phone: 780-963-4010

Toll Free: 1-800-282-3997 (only in Alberta)

Fax: 780-963-4169 Email: payments@psd.ca