



CARSON GRAHAM SECONDARY SCHOOL

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APPLICATION FOR FEE WAIVER

PERSONAL INFORMATION

Name of Student _____ Grade _____

Mailing Address _____ Home Phone _____

City _____ Postal Code _____ Work Phone _____

Name of Parent Applying for Waiver _____

DETAILS OF WAIVER APPLICATION

Please provide details of the fee for which a full or partial fee waiver is requested:

Activity or program for which the fee is charged _____ Amount of fee _____

Are you able to pay part of this fee? _____ If so, how much can you pay? _____

Are you able to pay part or all of this fee over a period of time? _____

If so, provide information regarding a proposed payment schedule _____

FINANCIAL CIRCUMSTANCES

Please explain the financial circumstances which should be considered when this application for fee waiver is reviewed by the school principal:

Date of Application _____ Parent's Signature _____

PRINCIPAL'S DECISION REGARDING THIS APPLICATION

Principal's Signature _____

Note: This form must be completed and signed by the parent and then submitted to the school principal for review.