

St. Joseph the Worker School

"Where Faith and Education Come Together"



Application for Waiver of Tuition

For the school year commencing September, 20____

All applications will be reviewed by the Administration and the Board and will be held in confidence.

Date: _____ Phone #: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Number of wage earners: _____

Occupations: _____

No. of children attending St. Joseph's: _____ other dependent children _____

Annual gross income as per last assessment \$ _____ Net Income \$ _____

I am on social assistance: Yes, No (Circle one)

(A copy of your most current "Canada Customs and Revenue Agency Notice of assessment MUST be enclosed with this application. If you have just started a new job, please provide us with a copy of your 2 last pay stubs).

I am requesting a waiver or reduction of Tuition for the following reasons:

(If additional space is required use reverse side)

I can commit to pay \$ _____ per month.

Are you able to volunteer your time in lieu of payment? Yes, No (Circle one)

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Kinds of work I can perform:

Please Note: Only the School Board can approve this application and reserves the right to review and revoke the waiver at any time.

If your financial status changes, please notify the Board.

DECLARATION

I understand that by completing this application, that the Board and School Administration is collecting certain personal information about my family. I also understand that this personal information will be used only for the purpose it was intended. I/we hereby consent to such collection, use and disclosure of our personal information.

Signature of Parent/ Guardian: _____ Date: _____

(Office use only)

Request Granted: Yes _____ No _____

Amount of Tuition waived: \$ _____

Comments _____

Signature of Board Chair

Date