



ALTERNATE PAYMENT OR REFUND REQUEST

School: _____

School Year: _____

As per Administrative regulation [HNB.AR](#) parents experiencing circumstances that impact their ability to pay school fees may request an alternate payment plan to reduce their fees, or if already paid may also request a refund. The decision to waive or refund a school fee normally resides with the Principal. Parents may access the [District's dispute resolution process](#) for requests that are denied.

The information you provide on this form is confidential. The school office may contact you regarding this form.

COMPLETE THIS FORM TO REQUEST A FEE REDUCTION AND FORWARD TO YOUR SCHOOL

FAMILY INFORMATION	
Name of student	Name of parent/guardian

PAYMENT PLAN REQUESTED				
Total student fees \$				
Fee payment plan by fee type	Alternative Payment Option Requested	Partial Waiver	Full Waiver	Refund Requested
Transportation fee(s)				
Lunch room supervision fee(s)				
Alternative program fee(s)				
Optional course fee(s)				
ECS enhanced program fee(s) (full-day Kindergarten)				
Activity/Field trip fee(s)				
Kindergarten fee(s) (1/2 day)				
Extra-curricular fee(s)				
Non-curricular supplies and material fee(s)				
Other fee(s)				
Total				
Reason for waiver or refund				

SIGNATURE OF PARENT/GUARDIAN	
I verify that the information I have provided on this form is correct. If my circumstances change and I am able to pay more, I will contact the school.	
Signature	Date

OFFICE USE ONLY UPON APPROVAL		
Principal Name	Principal Signature	Date