



# 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 [Division'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**

<b>FAMILY INFORMATION</b>	
Name of student	Name of parent/guardian

<b>PAYMENT PLAN REQUESTED</b>				
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)				
Other fees to enhance education				
Extra-curricular fee(s)				
Non-curricular goods and services fee(s)				
Non-curricular travel fee(s)				
Other fee(s)				
<b>Total</b>				
Reason for waiver or refund				

<b>SIGNATURE OF PARENT/GUARDIAN</b>	
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

<b>OFFICE USE ONLY UPON APPROVAL</b>		
Principal Name	Principal Signature	Date