**Guidelines:**

* School established optional course fees (Grade 5 – 12) will be waived for families that received a **GST Credit Notice *for the year previous to the September in which the school year the child/children are enrolled***. The GST Credit Notice must name the child/children as dependents as per AP5105.
  + *GST Credit Notice Base Year Example: For the* ***19/20*** *school year, please submit your* ***2018 Base Year*** *GST Credit notice.*
* This waiver form **is not** applicable to Transportation Fees, School Established Optional Program Fees, School Established Optional (Activities or Goods) Fees, or Division Established Optional Fees.
* A copy of the **GST Credit Notice** received from the Canada Revenue Agency (CRA) showing the applicant’s name and the dependent students’ names must be attached.
* This annual notification was available July of the current year; copies can be obtained from CRA online or by calling 1.800.387.1193

|  |  |  |
| --- | --- | --- |
| **Applicant’s Name:** | | **Date:** |
| **Complete Street Address:** | **City or Town:** | **Postal Code:** |
| **Email Address:** | **Cell Phone:** | **Home Phone:** |

**Student(s) Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Grade** | **School** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

I certify that the above information is true and understand that the Board will rely upon it in assessing this application. I also understand that the financial and other information provided above is confidential.

Applicant’s Signature:       Date:

**Submit this completed form and a copy of your GST Credit Notice to the school Principal.**

The information on this form is being collected pursuant to the School Act and the Freedom of Information & Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools by calling 403.945.4000.

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| --- |
| ***For Office Use Only*** |
| **I certify that I have verified the GST Credit Notice naming the child as a dependent. Received:** |
| |  |  |  | | --- | --- | --- | | ***Date:*** | ***Name:*** | ***Signature:*** | | ***Term Waived in SchoolCashNet: Term 1***  ***Term 2***  ***Term 3***  ***Term 4*** | | | |

*Resource: AP5105 Instructional Resource Fees for Optional Courses, Programs, Activities or Goods*