

FEES – FINANCIAL HARDSHIP – FEE REDUCTION/WAIVER REQUEST 2026/27

In accordance with **Procedure 9801.1 Fees and Financial Hardship – Fee Reduction or Waiver**, complete and return this form to the School Principal to request a fee reduction or waiver for school-related fees where cost may be a barrier to student participation.

PART A: PARENT/GUARDIAN INFORMATION

Last Name	First Name		
Street Address	Unit #	City	Postal Code
Phone Number	Email Address		

Parent(s)/Guardian(s): the primary applicant and their legally married or common-law partner living in the same household.

Student Information:

Name	School Attending

Description of fee(s) and/or amounts this request pertains to:

If the request includes school bus transportation fees, the principal (or designate) forwards a copy of the form to the transportation department (transportation@sd42.ca).

If the request is for school bus transportation fees only, families should submit the form directly to the Transportation Department at transportation@sd42.ca.

Number of household members: _____

(Household members: the parent(s)/guardian(s) and their dependents living in the same household as the applicant.)

Gross household income: _____

(Gross household income: total income (Line 15000 of the most recent Canada Revenue Agency Notice of Assessment) for all Parent(s)/Guardian(s) defined on page 1.)

Applicants may be requested to submit proof of residency and the most recent Canada Revenue Agency Notice of Assessment for the parent(s)/guardian(s) contributing to household income, as specified on the form.

I certify the information provided on this application and attached documents are correct and complete.

Signature

Date

The information on this form is collected under the authority of the School Act and the BC Freedom of Information and Protection of Privacy Act (FIPPA) and pursuant to School District No. 42 (Maple Ridge – Pitt Meadows) Board Policy 5700 and Board Procedures 5700.1 and 5700.2. The information and consent collected will be used by the School District for the purposes of delivering and administering educational programs and activities for students, accommodating student needs, communicating with parents and students, ensuring compliance with school rules and regulations, ensuring order and safety at school, evaluating student performance and complying with the School District's legal, regulatory and administrative requirements. If you have any questions or concerns about the collection, use or disclosure of the personal information collected, please email privacy@sd42.ca.

PART B: SCHOOL DISTRICT REVIEW AND DECISION:

Graduated Support Framework based on Household Income:

# of Household Members	Full Waiver	75% Reduction	50% Reduction	25% Reduction
2 persons	< \$20,000	\$20,000 - \$25,000	\$25,000 - \$30,000	\$30,000 - \$34,000
3 persons	< \$25,000	\$25,000 - \$31,000	\$31,000 - \$37,000	\$37,000 - \$41,000
4 persons	< \$30,000	\$30,000 - \$38,000	\$38,000 - \$45,000	\$45,000 - \$50,000
5 persons	< \$34,000	\$34,000 - \$43,000	\$43,000 - \$51,000	\$51,000 - \$57,000
6 persons	< \$38,000	\$38,000 - \$48,000	\$48,000 - \$58,000	\$58,000 - \$64,000
7 or more persons	< \$43,000	\$43,000 - \$53,000	\$53,000 - \$64,000	\$64,000 - \$71,000

Percentages are applied to the applicable Statistics Canada low-income threshold based on household size (rounded to nearest thousand). Thresholds are based on Statistics Canada Low-Income Cut-Offs (LICO) and are reviewed annually.

Decision: ☐ Approved – Full Waiver
☐ Approved – Partial Reduction _____ (% fee reduction or amount reduced)
☐ Denied

Notes / arrangement (optional):

Decision Maker (Principal or designate): _____

Signature: _____

Decision Date: _____