



# LETHBRIDGE SCHOOL DISTRICT NO. 51

## Form 802.2.2 – Student Fee Waiver Request

For reasons of financial hardship, I \_\_\_\_\_,  
request a waiver of school fees for the following student(s) enrolled at  
\_\_\_\_\_.

Name	Grade

Evidence of financial hardship may be required.

\_\_\_\_\_  
Signature of parent/guardian or independent student      Date

---

### For Office Use Only

Waiver of fees:       Approved       Not Approved

\_\_\_\_\_  
Signature of Principal      Date