



HOLY SPIRIT CATHOLIC SCHOOLS

School Fee Waiver Request

Please note that this request must be approved by the Principal of the school
and the Secretary Treasurer of Holy Spirit Schools

Student's Name: _____

Parent's Name: _____

School Name: _____

Fee you are requesting to have waived: _____

Please check one of the following:

- Our family is able to pay installments (provide the amount & frequency of payments):

- Our family is able to pay a deposit (provide the amount): _____

- Our family is unable to pay any of the fees at this time.

Parent Signature: _____

Email address (to provide you with confirmation of your request): _____

Date: _____

Please return this completed form by emailing it to the principal of your child's school.