



## 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.