

APPLICATION FOR EXEMPTION FROM
STUDENT HEALTH CENTER FEE
IN COMMUNITY COLLEGES

I hereby request exemption from the payment of any fee for the use of the student health center or other health services provided in accordance with section 76355 of the Education Code of the State of California,

I am an adherent of the teachings of a religious sec, denomination, or organization, and in accord with its teachings depend exclusively upon prayer for healings. Therefore, I request exemption from the payment of the fee for health supervision and services provided in Section 76355 of the Education Code in accordance with Section 76355 (c), which reads as follows:

“(c) the governing board of a district maintaining a community college shall adopt rules and regulations that exempt the following students from any fee required pursuant to subdivision (a): (1) students who depend exclusively upon prayer for healing in accordance with teachings of a bona fide religious sect, denomination, or organization and (2) students who are attending a community college under an approved apprenticeship training program.”

Applicant Name	Applicant Signature
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Parent or Guardian *(see not below)	Applicant Student ID#
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Address	City,State, Zip code
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Name & Phone number of Bona Fide Organization

Street, City & State of Organization

* Note: If applicant is 18 years of age or over, signature of parent or guardian is not necessary.

Submit this form to foothillcashiersoffice@foothill.edu, fax this form to (650) 949-7694 or mail to: Foothill College Admissions, 12345 El Monte Rd., Los Altos Hills, CA 94022

Office use only: Quarter _____, Clerk _____, Date _____
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