

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 25424.7 of the Education Code of the State of California,

I am an adherent of the teachings of Christian Science, and in accord with its teachings depend exclusively upon prayer for healing. Therefore, I request exemption from the payment of the fee for health supervision and services provided in Section 25424.7 of the Education Code in accordance with Section 25425 (d), which reads as follows:

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

Applicant Name

Applicant Signature

Parent or Guardian *(see not below)

Applicant Student ID#

Address

City, State, Zip code

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.

Fax this form to (650) 949-7048 or Mail to: Foothill College Admissions, 12345 El Monte Rd., Los Altos Hills, CA 94022

Office use only: Quarter_____, Clerk_____, Date_____
