

Student Life and Services Office 3041 West Avenue K, Lancaster, CA 93536-5426 (661) 722-6300 Ext. 6683

## Application for Exemption from Student Health Center Fee

I hereby request exemption from the payment of any fee for 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. (NOTE: Approvals are not granted retroactively. There are no refunds for Student Health Center Fees.)

I am an adherent to a specific religious denomination or organization, and in accordance with its teachings depend exclusively upon prayer for healing. Therefore, I request exemptions from the payment of the fee for health supervision and services in accordance with Section 76355 ©, 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 the teachings of a bona fide religious sect, denomination, or organization.
- (2) Students who are attending a c community college under an approved apprenticeship training program."

## By completing this form I am agreeing that the above information is correct. <u>Please complete this</u> <u>form and email to studenthealth@avc.edu</u>.

Applicant Name Printed	Applicant Signature (re-type full name)			
	900 -			
Parent or Guardian* (see note below)	Applicant Student ID #			
@avc.edu	Term: Fall Spring			
Applicant's Official AVC Email Address (required)	Summer			
Street Address	City, State, Zip Code			
Street Address	City, State, Zip Code ( ) -			

This form must be completed prior to fees being paid; no refunds will be provided. Students must complete a form for each semester for which they are requesting a waiver.

FOR OFFICE USE ONL	Y					
Semester:				Verified By:		
Clerk:				Verified Date:		
Date:		APPROVED	DENIED	Ву:	Date:	