

State Center Community College District

**HEALTH FEE WAIVER FORM**

In accordance with California Education Code Section 76355, you may waive the health fee for the following reasons:

- Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination or organization.
- Students who are attending a community college under an approved apprenticeship training program.

This form must be submitted to one of the following prior to the start of each semester:

- Fresno City College ..... College Business Office
- Reedley College..... Business Services Office
- Clovis Community College Center/Madera/Oakhurst ..... Admissions and Records Office

Refer to the refund policy related to enrollment fees for timelines.

*I understand by waiving the fee I will not be entitled to medical services on any SCCCDCD campus except in cases of emergency.*

**I hereby request to waive the Health Fee for the following reason:**

**CHOOSE ONE:**       Religious       Apprenticeship Training Program

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Semester: \_\_\_\_\_

Signature: \_\_\_\_\_

*I hereby declare under penalty of perjury that the above statement is true.*

<b>OFFICIAL USE ONLY</b>	
Health Fee Waiver Processed:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date: _____	Staff Initials: _____
Ref. # _____	