



You can pay online for Instructional Supplies and Materials (ISM), Noon Supervision and Transportation using My CBE Account at: <https://webapps.cbe.ab.ca/MyAccount> OR send payment attached to this completed form. Please note that online semi-annual and monthly payment options are not available for ISM fees. This form does NOT replace registration for noon supervision or yellow school bus transportation. You must register for these services before you submit payment.

Student Information |

Please print clearly

| Student's Last Name | Student's First Name | CBE Student ID number | Name of School for 2016-17 | Office Use |
|---------------------|----------------------|-----------------------|----------------------------|------------|
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2016-17 Fees |

| Per student | Annual | Semi-Annual | Monthly |
|-------------------------------|--------|--|---------|
| Transportation fee | \$335 | \$167.50 | \$33.50 |
| *4 day K-6 Noon Supervision | \$255 | \$127.50 | \$25.50 |
| *4/5 day K-6 Noon Supervision | \$275 | \$137.50 | \$27.50 |
| *5 day K-6 Noon Supervision | \$285 | \$142.50 | \$28.50 |
| Kindergarten (Half day) ISM | \$15 | Please note, online semi-annual and monthly payment options are not available for ISM fees | |
| Kindergarten (Full day) ISM | \$30 | | |
| Grade 1-6 ISM | \$30 | | |
| Grade 7-9 ISM | \$137 | | |
| Grade 10-12 ISM | \$152 | | |

*To find a list of schools with their corresponding noon supervision programs visit: www.cbe.ab.ca/registration/fees-and-waivers

Fee Payment | (see options on back)

| Select | 2016-17 Fee | Amount Paid | | Number of Students | | Total |
|-------------------------|-----------------------------|-------------|---|--------------------|---|-------|
| | Transportation | | X | | = | |
| | 4 day Noon Supervision | | X | | = | |
| | 4/5 day Noon Supervision | | X | | = | |
| | 5 day Noon Supervision | | X | | = | |
| | Kindergarten (Half day) ISM | | X | | = | |
| | Kindergarten (Full day) ISM | | X | | = | |
| | Grade 1-6 ISM | | X | | = | |
| | Grade 7-9 ISM | | X | | = | |
| | Grade 10-12 ISM | | X | | = | |
| Total Payment \$ | | | | | | |

Parent/Guardian (Print Name)

Signature

Date

Submit |

- Bring completed form and payment to any CBE school office.
- Mail cheque or money order to:
Calgary Board of Education
Attention: Student Fees
PO Box 5410 Station A
Calgary, Alberta T2H 1X8

Contact |

Student Fees Helpline at studentfees@cbe.ab.ca
or 403-817-7888

Please do not send cash in the mail



Payment by Cheque or Money Order | (DO NOT SEND CASH)

You can make a full year or semi-annual payment for noon supervision and/or transportation fees. Please attach cheque(s) payable to the Calgary Board of Education to this form and return to the school or mail to CBE.

Payment by Pre-Authorized Debit Agreement | (Available for Noon Supervision and Transportation Fees only)

- Complete this portion of the agreement only if you are choosing to pay by Pre-Authorized Debit (PAD).
- Cancellations/adjustments to bank account information must be received by Student Fees by the 25th of the month prior to the PAD bank withdrawal.
- Only personal chequing/savings accounts drawn from a Canadian bank may be used for PAD payments. Attach a void cheque.

Please select only one of the two PAD payment options and sign.

Semi-Annual Payment |

Attached is my cheque in the amount of \$_____ (1/2 of the registration fees) as recorded on this form, to pay the first semi-annual instalment of 2016-17 Noon Supervision/Transportation Fees.

You may deposit my cheque after Sept. 1, 2016 or when received, if later.

Also please use the bank account information on the attached **voided personal cheque** to charge my bank account by PAD for the remaining payment on or about (but not prior to) Feb 1, 2017.

OR

Monthly Payment |

Attached is my cheque in the amount of \$_____ the first of _____ equal payments totaling the amount recorded on this form, to pay the first instalment of 2016-17 Noon Supervision /Transportation Fees.

You may deposit my cheque after Sept. 1, 2016 or when received, if later.

Also please use the bank account information on the attached **voided personal cheque** to charge my bank account by PAD for the remaining equal monthly payments on or about (but not prior to) the 1st of each month but not beyond June 30, 2017.

I agree to the terms specified in the option selected above and have attached one cheque for the first payment as well as a voided cheque for PAD withdrawal(s).

Account Holder (print name)

Account Holder (signature)

Date

This is a personal PAD Agreement on behalf of an individual. I may revoke this authorization at any time, subject to providing notice of 30 days of my cancellation. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights I may contact my financial institution or visit www.cdnpay.ca.