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 of the Education Code of the State of California,

I am an adherent of the teachings of D U H O L J L R X V V H F G H Q R P L Q D R U J D Q L] D W L R Q 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 the of Education Code in accordance with Section F), which reads as follows:

³ F W K H J R Y H U Q L Q J E R D U G R I D G L V W U L F W P D L Q W D L Q L Q D Q G U H J X O D W L R Q V R I W K H V W D W H R U D Q \ I H H U H T X L U H V X E G L Y V L R Q D V W X G H Q W L Y H Z K R S R V H V D F F R U G D Q F H Z L W K W H D F K L Q J V R I D E R Q D I L G H U H O L J L R X D Q G V W X G H Q W V Z K R D U H D W W H Q G L Q J D F R P P X Q L W \ F D S S U H Q W L F H V K L S W U D L Q L Q J S U R J U D P ´

Applicant Name	Applicant Signature
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:&&."%%	A$0BC=0-0"C'D$;'<1&"

E-F"'G',H1/"'/3F6".'1I'J1/-'K$&"'L.M-/$N-0$1/ '

=0.""0C'A$0B'G'=0-0"'1I'L.M-/$N-0$1/'

* Note: If applicant is 8 years of age or over, signature of parent or guardian is not

949-7 or this form (650)