



Student Health and Wellness Office  
3041 West Avenue K, Lancaster, CA 93536-5426  
(661) 722-6300 Ext. 6683  
Application for Exemption form  
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.”

Please provide explanation for submitting a fee waiver: \_\_\_\_\_

**By completing this form I am agreeing that the above information is correct. Please complete this form and email to [studenthealth@avc.edu](mailto:studenthealth@avc.edu).**

Student Name Printed

Parent or Guardian\* (see note below)

@students.avc.edu  
Student Official AVC Email Address (required)

Street Address

Date of Birth

Student Signature

Applicant Student ID #

Term:

☐

Fall

☐

Spring

☐

Summer

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Intersession

City, State, Zip Code

Phone Number

\*Note: If applicant is 18 years of age or over, signature of parent or guardian is not necessary.

**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 ONLY

Date Received: \_\_\_\_\_

Semester/Term: \_\_\_\_\_

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APPROVED

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DENIED

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

Verified Date: \_\_\_\_\_