



## PALOMAR COMMUNITY COLLEGE DISTRICT APPLICATION FOR EXEMPTION FROM STUDENT HEALTH CENTER FEE

A mandatory student health fee is charged each semester. The amount of the fee is determined by the state of California. I hereby request exemption from the payment of a mandatory health fee for Student Health Centers or other health services provided in accordance with California Code of Regulations, Title 5, section 54702 and collected in accordance with California Education Code section 76355.

I depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization. Therefore, I request exemption from the payment of the fee for health supervision and services provided in California Education Code section 76355(c)(1) 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) [ which is the fee for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a Student Health Center or centers, or both]:

- (1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

**\*\*In order to use this exemption it is mandatory that the Student Health Centers receive an original letter on Church Letterhead signed by the Minister/Pastor explaining that you depend exclusively on prayer for healing. The letter must include your name and date of birth.**

Once this letter has been received and verified, the fee will be waived. This means the student is no longer eligible to receive any services at the Student Health Center, including Behavioral Health Counseling and Student Accident Insurance.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant Name (please print) Applicant Student ID#

\_\_\_\_\_  
Applicant Signature Signature of Parent or Guardian (if student is a minor)

\_\_\_\_\_  
Contact Name & Phone Number of Bona Fide Religious Sect, Denomination, or Organization

\_\_\_\_\_  
Street Address, City, & State of Bona Fide Religious Sect, Denomination, or Organization

\_\_\_\_\_  
Verified: YES \_\_\_ NO \_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Director, Student Health Centers

\_\_\_\_\_  
Approved \_\_\_ Denied \_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sr Director, Enrollment Services

Original: Enrollment Copy: Health Services Center