

**AAPS BOARD OF EDUCATION (BOE) FEE EXEMPTION FORM**  
**For**  
**AAPS COMMUNITY EDUCATION & RECREATION ACTIVITIES AND CLASSES**

Various employee group master agreements allow each member of covered employee bargaining units to take one or more Community Education & Recreation courses without paying the course registration fee.

Fees for supplies, materials, field trips, tickets to performances, SACC, SACC Summer Camp, Team Sport sponsor/player/team fees and co-sponsored activities/classes are **not** covered under this discount.

**REFUND POLICY:** Refund and/or drop requests must be made in writing and received by the Community Education & Recreation office prior to the second class meeting. (No refunds will be given for classes that meet four times or less or for requests received after the second class meeting).

Course Name: \_\_\_\_\_ Section: \_\_\_\_\_

Course ID#: \_\_\_\_\_ Term (Season): \_\_\_\_\_ Course Fee: \_\_\_\_\_

This is to certify that:

1. I am a member of:

- \_\_\_\_\_ AAEA ..... (1 course per school year for at least .40 F.T.E. teachers)
- \_\_\_\_\_ AAAA ..... (1 course per school year)
- \_\_\_\_\_ ASCSA.....(1 course per semester)
- \_\_\_\_\_ AFSCME – Custodial & Maintenance ..... (1 course per school year)
- \_\_\_\_\_ AFSCME – Technical Specialists and Assistants .....(1 course per semester)
- \_\_\_\_\_ AAEA/P – Paraprofessionals..... (1 course per school year)
- \_\_\_\_\_ AAEA/OP – Secretaries..... (2 classes per school year)
- \_\_\_\_\_ Teamsters Local 214 – Cafeteria .....(1 course per semester)
- \_\_\_\_\_ Teamsters Local 214 – Bus Drivers ..... (1 course per semester for full-time driver)
- \_\_\_\_\_ Designated Non-Union Personnel.....(1 course per semester)

2. I will be under contract with the employee group checked above during the entire time frame of the course listed above.

3. The above course is the one and only course in which I am enrolled during this school year/semester without a fee under the terms and conditions of the applicable Master Agreement or contract and that I meet the F.T.E. qualification criteria.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Building where employed

\_\_\_\_\_  
Please print your name

**NOTE:** This fee exemption form **MUST** be submitted WITH your registration form. Your registration cannot be processed until this form has been received. No discount will be issued to individuals who submit this form after their registration form has been processed.