

**OHLONE COMMUNITY COLLEGE DISTRICT**  
**ENROLLMENT FREE WAIVER ELIGIBILITY FORM**

**EMPLOYEE INFORMATION:**

EMPLOYEE NAME: \_\_\_\_\_ COLLEAGUE ID # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ FTE: \_\_\_\_\_%

**PARTICIPANT INFORMATION:**

NAME OF PARTICIPANT: \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_ DOMESTIC PARTNER \_\_\_\_\_ CHILD  
\_\_\_\_\_ STEP CHILD \_\_\_\_\_ ECONOMICALLY DEPENDENT CHILD

SCHOOL YEAR: \_\_\_\_\_ SESSION: \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER

ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO VERIFY DEPENDENTS. THE PROGRAM WILL NOT WAIVE ANY OTHER FEES ASSOCIATED WITH ENROLLMENT, SUCH AS THE HEALTH, STUDENT ACTIVITIES, STUDENT REPRESENTATION, OR COURSE MATERIAL FEES, WHICH ARE THE SOLE RESPONSIBILITY OF EMPLOYEE/STUDENT. PLEASE WAIT FOR APPROVAL FROM HR BEFORE REGISTERING FOR CLASSES.

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**TO BE COMPLETED BY HUMAN RESOURCES**

***THE FOLLOWING INDIVIDUAL HAS BEEN VERIFIED AS AN EMPLOYEE, SPOUSE OR DEPENDENT AND IS ELIGIBLE FOR ENROLLMENT FEE WAIVER:***

NAME OF PARTICIPANT: \_\_\_\_\_

HR REPRESENTATIVE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_