



SANTA BARBARA CITY COLLEGE – Cashier’s Office
 721 CLIFF DRIVE – SS-150, SANTA BARBARA, CALIFORNIA 93109

Petition for Student Health Fee Exemption

Students enrolled in credit classes in the District are assessed a health fee which enables the student to utilize Student Health Services. The services provided are articulated in Education Code Sections 76401 and 76355; Title 5 Section 53411; Title 17 Section 2500, providing health services to assist students in maintaining physical and mental well-being so that they can pursue their educational goals. Services provided include clinical services, health education, personal counseling, and referrals to off-campus health and wellness services.

In accordance with California Education Code 76355, the fee will be charged to each student regardless of the number of units taken, including on campus and online courses. This fee is not waived by the California College Promise Grant. It is your responsibility to pay the health fee every semester. As specified in AP 5200, students who meet specific conditions may be exempted from paying the fee.

Fill out this form accurately and completely, save form and email as an attachment via your Pipeline email account to cashiers@sbcc.edu. Your petition will be reviewed and a confirmation of approval/denial will be sent to your pipeline email address within fourteen business days.

Student Information:

SBCC Student ID K# _____	Name _____
Telephone _____	Email _____@pipeline.sbcc.edu

Reason for Exemption:

I am a part of an approved apprenticeship program.
 Name of Apprenticeship Program _____
 Name of Apprenticeship Advisor _____
 Advisor Contact: Telephone _____ Email _____

I am a dependent child or spouse of members of the California National Guard who were killed or are permanently disabled while in the active service of the state.
 Attach your *CHAMPVA (Civilian Health and Medical Program of Department of Veterans Affairs) documentation.*

I am an active member, of a religious organization that depends exclusively upon prayer for healing.
 Name of Religious Org, Sect or Other _____
 Full Address of Organization _____
 Name of Pastor or Religious Leader _____
 Organization Telephone _____

I am a dual enrollment student registered for credit courses exclusively on a high school campus. *(This form will be denied if students are enrolled in online or on-campus course(s) at SBCC)*

I am currently incarcerated.
 Name of Facility _____

Comments:

I hereby declare under penalty of perjury that the above statement is true. Signature _____