

Finance Responsibility Form

I, _____ the parent / guardian of
pupil _____, grade _____
in the academic year 20____ / 20____, of occupation _____
working at _____

agree to take full responsibility for any action taken by the Administration of the School,
upon non-fulfilment of my obligation to the School by not paying the required School Fees.

Name _____

Signature _____

Passport number _____ Date _____