

Invoice Information for School Fees 2020-21

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| 1. STUDENT & PARENT/GUARDIAN INFORMATION | One form required for <u>each</u> student |
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| Student family name | Student first name |
| Grade at H.I.S. | First day of school at H.I.S. (D-M-Y) |
| Parent 1 family name | First name <input type="checkbox"/> Father <input type="checkbox"/> Mother |
| Parent 2 family name | First name <input type="checkbox"/> Father <input type="checkbox"/> Mother |

Parents are responsible for the payment of all school fees but may arrange to have payments made on their behalf:

- School fees will be paid by parents/guardians: **complete sections 2 and 4**
 School fees will be paid by employer/third party: **complete sections 3 and 4**

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| 2. PARENT/GUARDIAN INVOICE ADDRESS | To be completed <u>only by parents who are paying school fees privately</u>. All school fees will be invoiced as they apply to the student above |
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|----------------------------|-------------|
| Street | Postal Code |
| City | Country |
| Email address for invoices | Phone |

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| 3. EMPLOYER/THIRD PARTY INVOICE ADDRESS | To be completed <u>only by employer or third party paying school fees on behalf of parents</u>. All information as well as authorising stamp and signature are required |
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We agree to make payment of the Administration Fee required with the application. We understand that payment of this fee does not constitute an offer of enrolment from H.I.S. If enrolment or re-enrolment is offered to and accepted by the parent, we agree to making school fee payments to H.I.S. as follows (mark applicable boxes and complete invoice information below):

- The total amount of school fees according to the H.I.S. Statement of Fees, including Technology Fee (Grade 8-12), IB DP Pamoja Online Course fees (Grade 11 & 12), IB DP Examination Fees (Grade 12)
- Additional fees: school lunches, After School Care, After School Activities, additional extended field trips
- School fees only to the maximum total amount of € _____

Name of person authorising payment Mr Mrs _____

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|--------------|----------------------------|---------|
| Phone | Email address for invoices | |
| Company name | Street | |
| City | Postal Code | Country |

Additional information:
(if required on invoice)

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| 4. SIGNATURES | To be signed by persons making school payments: parents <u>OR</u> the employer authorising the payment <u>OR</u> a third party authorising the payment |
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Parent 1 _____ Parent 2 _____ Date _____

OR
Company stamp and employer or third party authorisation signature _____ Date _____