

Invoice Information for School Fees 2021-22

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**

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

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 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs		
Phone	Email address for invoices	
Company name	Street	
City	Postal Code	Country

Additional information:
(if required on invoice)

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 _____