

LONGMARKET GIRLS' SCHOOL



THIS FORM NEEDS TO BE COMPLETED BY YOUR CHILD'S EXISTING SCHOOL

FINANCIAL CLEARANCE CERTIFICATE

NAME OF FATHER: _____

NAME OF MOTHER: _____

NAME OF LEARNER: _____

I.D. NUMBER OF FATHER: _____

I.D. NUMBER OF MOTHER: _____

NAME OF SCHOOL WHERE LEARNER IS CURRENTLY ENROLLED:

ANNUAL FEES FOR _____ (YEAR) AMOUNT: _____

1. FEES PAID TO DATE: AMOUNT: _____

2. FEES OUTSTANDING: AMOUNT: _____

COMMENT: _____

THIS IS TO CERTIFY THAT THE ABOVE PARENT HAS PAID SCHOOL FEES AS INDICATED.

SIGNATURE OF PRINCIPAL/BURSAR

DATE

SCHOOL STAMP

LONGMARKET GIRLS' SCHOOL



DECLARATION BY PARENTS

FULL NAME OF FATHER: _____

I.D. NUMBER OF FATHER: _____

FULL NAME OF MOTHER: _____

I.D. NUMBER OF MOTHER: _____

WE UNDERSTAND AND AGREE THAT IF (NAME OF LEARNER) _____

IS ADMITTED AS A LEARNER OF LONGMARKET GIRLS' SCHOOL

- A) SHE WILL BE REQUESTED TO CONFORM WITH THE SCHOOL RULES, DRESS CODE AS WELL AS THE PRINCIPLES LAID OUT.
- B) FEES WILL BE PAID IN ADVANCE, MONTHLY, OR IN CERTAIN SITUATIONS, IN ACCORDANCE WITH SPECIFIC TERMS LAID DOWN BY THE SCHOOL.
- C) WE WILL BE JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF ALL SCHOOL FEES AND ALL ATTORNEY AND CLIENT COSTS AND COLLECTION CHARGES IN THE RECOVERY THEREOF IN THE EVENT OF DEFAULT.

DATED THIS _____ DAY OF: _____ 20 ____ PLACE: _____

SIGNATURE OF FATHER: _____

SIGNATURE OF MOTHER: _____

WITNESS 1. NAME _____ SIGNATURE _____

I.D. NUMBER: _____

WITNESS 2. NAME _____ SIGNATURE _____

I.D. NUMBER: _____