

School Fee Payment Agreement Form

Student Information

Student Name

Student ID

Grade/Class

School Year

Payer Information

Payer Name

Relationship to Student

Contact Number

E-mail Address

Payment Details

Total Fee Amount

Payment Method

Select

Payment Plan

Select

If Installments, Specify Schedule

Agreement

I/We agree to pay the school fees as specified above in accordance with the payment method and schedule selected.
I/We understand and accept responsibility for ensuring that payments are made on time and that late or missed payments may result in additional charges or other consequences as per school policy.

Payer's Signature

Date

School Representative Signature

Date