

Financial Responsibility Form

To Whom	It May Concern:			
RE: —	Student Name (English)	Birth date ——	Voor/Month/Dov	_
`	Student Name (English)		Year/Month/Day	
As the par	ent of the above named student, I/we accept f	iull responsibility t	for costs for the 2013/20	014 school year
Sincerely,				
	Parent Signature	Date		
F	English Name (Printed)			