

Financial Responsibility Form

To Whom	It May Concern:			
RE: ——		Birth date ———		
	Student Name (English)		Year/Month/Day	
As the pa	rent of the above named student, I/we accept	full responsibility for c	osts for the 2015/ 201	l6 school yea
Sincerely,				
	Parent Signature	Date		
	English Name (Printed) ——————			