



## SCHOOL FEE REDUCTION FORM

My name is: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Father/mother of: \_\_\_\_\_

1. Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Campus: \_\_\_\_\_

2. Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Campus: \_\_\_\_\_

3. Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Campus: \_\_\_\_\_

4. Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Campus: \_\_\_\_\_

5. Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Campus: \_\_\_\_\_

I fill in this form to ask for a school fee reduction at the rate of 5% per month for each student according to the IPS's principles.

I'm sure that the student(s) listed above is (are) my children and I will be responsible for any wrong information I may have provided.

HCM City, Date Month Year 20

Parent's name

(Signature and full name)

*A member of: A partner of:*



Suffolk University, Boston, MA, USA



Asia Pacific University, Japan



EF Education First, Boston, USA



Ritsumeikan University, Japan



Truman State University, MO, USA



James Cook University, Brisbane, Australia



King's College London, UK



Buckinghamshire New University, UK