

7. SUBJECTS:

Mathematics	<input type="checkbox"/>	Social Studies	<input type="checkbox"/>	Religious Education	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Integrated Science	<input type="checkbox"/>	Physical Education	<input type="checkbox"/>
EDPM	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	History	<input type="checkbox"/>
English A	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>		

8. FINANCING: (*NB – Registration Fee and School fee paid are NON-REFUNDABLE)

Amount being paid with this application _____ Cash Cheque Debit Card Credit Card

TERMS OF PAYMENT: Please select payment option: Full Payment Payment Plan

PAYMENT PLAN:

- The preferred way is that all fees are paid in full at registration.

OR

- 50% at registration and the balance may be paid in three (3) equal monthly installments.

I have read and hereby agree to the above terms of payment: Parent's/ Sponsor's Signature Date:.....20.....

9. DOCUMENTS/ITEMS REQUIRED:

1. Registration Checklist	<input type="checkbox"/>	4. Two Letters of Recommendations	<input type="checkbox"/>	7. SSEE Slip (copy)	<input type="checkbox"/>
2. One (1) passport-size picture	<input type="checkbox"/>	5. Immunization Card (Copy)	<input type="checkbox"/>	8. ID of School Fee Sponsor	<input type="checkbox"/>
3. Birth Certificate (Copy)	<input type="checkbox"/>	6. Medical Report (completed Form)	<input type="checkbox"/>		

10. OTHER:

HOW DID YOU HEAR ABOUT IAE ?

Friend or relative	<input type="checkbox"/>	Television	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>	Instagram	<input type="checkbox"/>
School Website	<input type="checkbox"/>	WhatsApp	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____	

COMPLETION OF THIS FORM INDICATES THAT:

I agree with the school rules, payment policies and refund conditions as outlined by the school. Any falsification of data will disqualify me from entry. I also agree to give one term's written notice for the refunding of fees before withdrawing myself/ any child/ward from the school.

Parent's/Guardian's Signature:

Date:..... 20.....

13. FOR OFFICE USE ONLY

Date	Invoice #	Total (\$)	Amount Paid (\$)	Receipt #	Balance Due (\$)

June 2020 ©IAE reserves the right to withdraw subjects/programmes that are not viable. Kindly email all enquiries to iae.learn2020@gmail.com

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