

Tuition Fee & Billing Instructions Agreement

FAMILY NAME OF CHILD		FIRST NAME(S) OF CHILD		DATE OF BIRTH ____ / ____ / ____ dd /mm/yy		Agreement ID (For Office Use)	
Name of person responsible for payment of invoice							
Email				Telephone			
Mailing address to which invoice should be sent							
How will the invoice be paid? (please ✓) <input type="checkbox"/> Check <input type="checkbox"/> Bank transfer							
Name of parent (as on passport – please print):				BP ID number (<i>BP only!</i>):			
<p>I verify that all details above are correct. I acknowledge that by signing this document, I agree to pay for the tuition fees according to the annually published fee schedule and timeline until written confirmation to withdraw the above student is provided. The school reserves the right to retain the student's reports, transcripts and school records until all outstanding invoices are fully paid. The Board of Governors may dismiss students when there is a failure to meet financial obligations in a timely manner.</p> <p>I acknowledge that I have read, understand, and will comply with the TISA financial policy (Board policy 3.3023, 3.3024) and billing procedures.</p>							
Signature of parent				Date			
TO BE COMPLETED BY NON SELF-PAYERS (COMPANIES)							
Name of parent				BP ID number (<i>BP only!</i>):			
Name of company responsible for payment of invoice							
Is this company a PSA (Production Sharing Agreement) related company? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Company classification (please ✓) <input type="checkbox"/> Tier 1 (oil-related) <input type="checkbox"/> Tier 2 (non oil-related)							
Contact person				Accounts department email			
Accounts department telephone				Accounts department fax			
How will the invoice be paid? (please ✓) <input type="checkbox"/> Check <input type="checkbox"/> Bank transfer							
Mailing address to which invoice should be sent:							
<p>I verify that all details above are correct. On behalf of the employee above, I guarantee that our company will pay all bills as detailed in the TISA fee schedule until written confirmation to withdraw the above student is provided. I will contact TISA immediately when the company's responsibility for payment of school fees ends. The school reserves the right to retain the student's reports, transcripts and school records until all outstanding invoices are fully paid. The Board of Governors may dismiss students when there is a failure to meet financial obligations in a timely manner.</p> <p>I acknowledge that I have read, understand, and will comply with the TISA financial policy (Board policy 3.3023, 3.3024) and billing procedures.</p>							
Name of person authorized to approve (please print)				Position in company			
Signature				Company stamp			
Date							