

Application for reduction of school fees

Mark with a cross where applicable: introductory reduction
 sibling reduction
 loyalty reduction

The undersigned parents/guardians:

Mister _____
surname, first name

Mrs/Ms _____
surname, first name

hereby apply for a reduction of school fees for the children registered by them with the International German School of Brussels in accordance with the current version of the school fees regulation:

1. _____
surname, first name, class _____
at the iDSB since/from
2. _____
surname, first name, class _____
at the iDSB since/from
3. _____
surname, first name, class _____
at the iDSB since/from

The applicants hereby affirm,

that the following applies for the children for whom they apply for a reduction, registered by them with the International German School of Brussels,

(mark with a cross where applicable)

- no extra allowance for complete or proportional coverage
- a proportional coverage of € _____ / school year _____

for the arising school fees is reimbursed by the employer of whichever parent/legal guardian.

Children living in the same household are equated to siblings.

If the prerequisites for the reduction change, the parent/guardian is obliged to immediately inform the school hereof and to reimburse the school for the unjustly received reduction.

_____ date signature of the parent/guardian signature of the parent/guardian

Confirmation by the employer:

The above-mentioned statements are confirmed.

_____ date name (block letters) signature

company stamp