Form 51 EN (legally non-binding translation) Version 03/2024

Application for reduction of school fees

Please fill in printed letters and mark with a cross where applicable:

- O **loyalty reduction**
- O **sibling reduction**
- O **employee reduction**

The undersigned parents/guardians:

_____ surname, first name

employed yes ◯ no ◯
self-employed yes ◯ VAT Reg.no_____

_____ surname, first name

employed yes ◯ no ◯
self-employed yes ◯ VAT-Reg.no_____

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 _____ school branch _____ entry in school year

2. _____ surname, first name _____ school branch _____ entry in school year

3. _____ surname, first name _____ school branch _____ entry in school year

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)

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

for the arising school fees is reimbursed by the employer of whichever parent/legal guardian.
If both parents are employed, please have both employers fill in this form.
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

_____ date signature of the parent/guardian

Confirmation by the employer: **The above-mentioned statements are confirmed.**

company stamp

_____ date name (block letters) signature