



Fee Payment Arrangement 2022-2023

PARENT OR GUARDIAN INFORMATION

| | | |
|---------------------|-------------|-----------|
| Father's First Name | Middle Name | Last Name |
| Mother's First Name | Middle Name | Last Name |

STUDENT INFORMATION

| | | | |
|---|------------|-----------|-------|
| 1 | First Name | Last Name | Grade |
| 2 | First Name | Last Name | Grade |
| 3 | First Name | Last Name | Grade |
| 4 | First Name | Last Name | Grade |
| 5 | First Name | Last Name | Grade |

FEES

| | |
|---|----|
| Total Balance (for all children) – PLEASE REFER TO YOUR INVOICE | \$ |
|---|----|

PAYMENT OPTIONS (must select one)

| | | |
|---|--|----|
| <input type="checkbox"/> | Paying Fees in Full | \$ |
| <input type="checkbox"/> | Making 8 Equal Monthly Payments (divide total amount by 8) | \$ |
| <input type="checkbox"/> Paying by Credit Card <input type="checkbox"/> Paying by Debit <input type="checkbox"/> Paying in Cash <input type="checkbox"/> Paying in Cheque | | |

2.1 Payment Option Policy: Parents are encouraged to pay the tuition fees in **full by September 29th** of the current school year. However, tuition payments can be made in monthly installments (of cash, post-dated cheques, or electronic payment) ensuring that the family's total tuition fee is completed no later than **April 30th** of the current school year.

PAYMENT INFORMATION

| | | | | | | |
|---------------------------|---|--|--|--------------------------|--|-------------|
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | Card Number |
| Card CVV# | Card Expiry Date | Name on Card | | | | |
| Payment Date (select one) | <input type="checkbox"/> 5 th of Every Month | <input type="checkbox"/> 15 th of Every Month | | | | |

PARENT CONFIRMATION

I promise to pay to the Academy all tuition and other fees and charges incurred by my children. I agree to pay tuition fees in no more than eight (8) monthly payments during the academic year, on or before the dates listed overleaf.

| |
|------------------|
| Parent Signature |
|------------------|

Date: _____

FOR OFFICE USE ONLY

Fees Paid in Full:

Total Amount Paid: \$

Date Paid:

Receipt #:

EIA Personnel Received By:

Monthly Paid in Full:

Amount Paid in September: \$

Date Paid:

Receipt #:

EIA Personnel Received By: