

FINANCIAL AGREEMENT FORM

THE AGREEMENT made this _____ day of _____ 20____

BETWEEN

Jofay Schools of 105 Hadeja road ,Kano state.

AND

_____ of _____

Occupation _____

Jofay Schools, Kano and (Name of Parent/Guardian) _____

are collectively referred to as the **parties**

This agreement is evidence that the parties agree as follows:

1. The agreement shall be binding on the parent/guardian of the student (Name of Student) _____
2. That the agreement stands as long as _____ is a student of Jofay Schools, Kano.
3. That the agreement commences as and when _____ is enrolled into Jofay High School Kano.
4. That (Name of parent/guardian) _____ shall be responsible for all fees to be paid by (Name of Student) _____ for long as she remains a student of Jofay High School, Kano.
5. That all fees will be paid on or before school resumption
6. That the school is permitted to take any action deem fit in case the terms of this agreement is bridged.

SIGNATURE: By signing below, I agree that I have read and understand the terms of this agreement.

Parent/Guardian Name _____

Signature _____ Date _____