

BLESSED PERFECT ACADEMY

PARENT'S COPY

SCHOOL FEES CONTROL CARD

NAME OF LEARNER: _____ GENDER: GRADE:

NAME OF PARENT / GUARDIAN: _____ CONTACT NO.: _____

PAYMENT ARRANGEMENTS: YEARLY TERMLY MONTHLY

OPEN BALANCE INCLUDING REGISTRATION FEES: ADMISSION DATE: _____

Open Bal	Reg. Fee	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PARENT/GUARDIAN													
PRINCIPAL													
AMOUNT OWING		TERM1			TERM2			TERM3			TERM4		

COMMENT BY THE PRINCIPAL:

NOTE: SCHOOL FEES SHOULD BE PAID ONLY INTO THE SCHOOL ACCOUNT AND BRING THE PROVE OF PAYMENT TO THE SCHOOL OFFICE. DEMAND RECEIPT UPON EVERY PAYMENT MADE AT SCHOOL. NO CASH AT THE SCHOOL OFFICE

BLESSED PERFECT ACADEMY

SCHOOL'S COPY

SCHOOL FEES CONTROL CARD

NAME OF LEARNER: _____ GENDER: GRADE:

NAME OF PARENT / GUARDIAN: _____ CONTACT NO.: _____

PAYMENT ARRANGEMENTS: YEARLY TERMLY MONTHLY

OPEN BALANCE INCLUDING REGISTRATION FEES: ADMISSION DATE: _____

Open Bal	Reg. Fee	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PARENT/GUARDIAN													
PRINCIPAL													
AMOUNT OWING		TERM1			TERM2			TERM3			TERM4		

COMMENT BY THE PRINCIPAL:

NOTE: SCHOOL FEES SHOULD BE PAID ONLY INTO THE SCHOOL ACCOUNT AND BRING THE PROVE OF PAYMENT TO THE SCHOOL OFFICE. DEMAND RECEIPT UPON EVERY PAYMENT MADE AT SCHOOL. NO CASH AT THE SCHOOL OFFICE