APLUS ACADEMICS
Bright starts, Brilliant tomorrows

Payment of Fees

1. All school fees must be paid through **MPESA Paybill Number 400200, Account 12732**, on or before the **_____ day of every month**.
2. **Late payment will not be tolerated.** If fees are not paid on time, certain school services for your son/daughter may be delayed or withheld.
3. **Fees once paid are non-refundable**, even if the student has attended only part of the lessons.

Declaration

I, the undersigned parent/guardian, confirm that I have read and understood the school's fee payment policy. I agree to abide by the terms outlined above.

Parent/Guardian Signature: _____ Date: _____

School Representative Signature: _____ Date: _____

APLUS ACADEMICS
Bright starts, Brilliant tomorrows