



سكولہ سينت جورج
ST. GEORGE'S SCHOOL

No. 11, Jalan Kumbang Pasang, BA1512, P.O. Box 2201, Bandar Seri Begawan BS8674, Negara Brunei Darussalam
Tel.: (673) 2224458 / 2228449 Fax: (673) 2226910 E-mail: stgeorge@brunet.bn Website: www.stgeorges.edu.bn

NOTICE

Our Ref: SGS/SC/P/758

Date: 27th September, 2016

To: All KG 3 Parents & Guardians

CONFIRMATION OF YEAR 1 SEATS FOR ACADEMIC YEAR 2017

Please be informed that the school is in the process of preparing the provisional class lists and class allocation for next year 2017. The school requests for your cooperation to confirm whether your child/ward will continue studying in **Year 1** at our school.

Please take note that Year 1 to Year 6A is in the afternoon session from **12.30 pm to 5.30 pm** and that the school fees are **\$180.00** per month from January to October.

There is no automatic enrolment and parents/guardians who want their child/ward to continue their education at this school are required to make one month advance school fees, i.e. for the month of **January 2017**. However, all outstanding school fees up to **October 2016** must be settled before making the advance payment.

The closing date for seat confirmation and payment is on **Thursday, 10th November 2016**. Failing to do so, will only be accepted subject to the availability of seats.

Seat payment is **NON-REFUNDABLE** if the student chooses not to continue his/her studies at this school after making the payment.

Thank you.


JANIDI JINGAN
Principal



RE: CONFIRMATION OF YEAR 1 SEATS FOR ACADEMIC YEAR 2017

**** Please present this form upon payment and it will be kept by the School Bursary.**

Student's Name : _____

Student Number : _____ Current Class : _____

Please tick ☒ the preferred choice.

Do you wish to continue your child in St. George's School for the Academic Year 2017?

YES ☐ YEAR ONE (1)
12.30 pm – 5.30 pm

NO ☐ School you intend to transfer to: _____
Reason for leaving: _____
(Please apply for the Leaving Certificate from the School Office)

Declaration by the Parent/Guardian

I have read, understood and agree to the above Fee Policy with regard to the confirmation of a seat for my child/ward in Year 1 for academic year 2017.

Name of Parent/Guardian : _____

Identity Card Number : _____

Telephone Number : _____

Date: _____

Signature: _____

----- For Office Use -----

Received by Bursar : _____

Verification Date : _____