

Bermuda Institute of Seventh-day Adventists
2020-2021
ANNUAL FINANCIAL REGISTRATION FORM
(to be completed and submitted with payment)

Name of Student: _____ Grade: _____

Name of Parent(s) or Guardian(s)
Responsible for Payments: _____

Check box where applicable:

Yearly plan 5% discount if paid by July 15th

Semester plan 3% discount if paid by July 15th

***(Monthly plan is only for those already approved
by the Business Manager)**

Graduation year Check if your child is entering grade 8 or 12 (\$100 graduation fee)

- I take full responsibility for the payment of my child/children's tuition and understand that late payments will result in the loss of any applicable discounts.
- I understand that my child's account must be cleared before receiving exam permits, report cards, and transcripts.
- *In addition, I understand that students with outstanding accounts of two (2) months will be placed on financial suspension and will not be allowed to return to school until accounts are cleared.
- *I also understand that if I withdraw my child from Bermuda Institute without clearing all outstanding monies owed, my account will be placed with the Bermuda Credit Association for collection, which will incur an additional 66.66% collection fee.*
- I further understand that I will be responsible for the payment of all legal costs should the matter be taken to court for collection.

Signature of parent/guardian responsible for payments: _____

Date signed: _____

Contact Numbers: Work _____ Home _____ Cell _____

Email: _____

S.D.A. Church which holds your membership _____