



SACRED HEART COLLEGE JUNIOR COLLEGE DIVISION

P.O. BOX 163, SAN IGNACIO, CAYO, BELIZE. PHONE: (501) 824 - 2102; FAX: 824 - 3759

Date: _____

Student Name : _____ ; Student ID: _____

This AGREEMENT is made between _____ (the Parent/ Student/ Organization) and Sacred Heart College (the College) with regards to payment of Tuition and Fees for the period between _____ to _____ of 20__ Semester _____.

Scholarship: _____ Type: _____ Amount: _____ Verified: _____

Sponsorship: _____ Sponsor: _____ Amount: _____ Verified _____

The student agrees to the following Terms and Conditions:

(1) To pay the amount of \$ _____ in _____ instalment(s) of \$ _____ on _____, _____, _____, _____, _____.

Total Bill: \$ _____
B/forward: \$ _____
Payment before Grant:
Plan: \$ _____
Balance due: \$ _____

Sacred Heart College agrees to the following:

- (2) To allow the students to register and attend the pertinent semesters.
- (3) To bestow all privileges on the students as a fully registered student of Sacred Heart College at the time of signing of this AGREEMENT.

Failure on the part of the parent/student or organization to meet their obligations under this AGREEMENT will result in this agreement and the registered courses becoming immediately Null and Void. In the event this AGREEMENT does become Null and Void, Sacred Heart College reserves the right to initiate the recovery of any/all balances due consequent to the provision of services rendered within the original AGREEMENT and would disallow students from registering for the upcoming school year.

I, _____, agree to pay according to the above Terms and Conditions above and affix my signature as proof of my commitment thereto.

Student/Sponsor/Organization
Signature

DEAN/ASSISTANT DEAN
SACRED HEART COLLEGE

Contact Number: _____

Alternate Contact Number: _____

Contact Email address: _____