

Application for the classification as Self-Payer

Instructions:

Please fill out all the highlighted fields below and send the form via email to: **info@dbsaa.de**

Apart from providing the completed form, please also ensure to hand in documentation reflecting proof of the professional situation of **all legal guardians**.

Lastly, please note that we do not require information on concrete income figures or wealth.

We will maintain confidentiality with respect to the details of this application.

Details of Applicant

Name of applicant

Phone

Email

Herewith I / we apply for classification as self-payer for our child(ren) at the German Embassy School Addis Ababa:

Name first child

Group / Grade

Name second child

Group / Grade

Name third child

Group / Grade

Name fourth child

Group / Grade

I / we hereby apply for a reduction of school fees and declare that the information herein are true, accurate and complete and represent a record of what I was / we were able and willing to provide. I / we understand that the Board might need to make inquiries and I / we authorize the Board of the German Embassy School to make these. I am / we are aware that in the event of statements found to be incorrect or incomplete I / we will lose any school fee reductions. I / we will inform the Board of any changes in the family situation, also during the academic year, which might have a bearing on the financial situation of the family. Willfully false statements might lead to a (backdated) cancellation of the reduction.

I / we take note:

- There is no legal entitlement to receive reductions of school fees.
- That reduction of school fees is valid for three school years.
- The decision of the Board concerning the reduction of the schools fees is final and non-negotiable.
- The Board will not consider late submitted applications.

The following supporting documents about all guardians are attached to this application:

In case of employment: Statement by the employer that the school fees will not be covered or will only be covered on a pro rata basis (< 75%)

In case of self-employment: Business license

Other: If not in remunerated work, please provide us with a written statement

Place and Date

Signature guardian 1

Signature guardian 2

For use by School Administration

Received by: _____

Date: _____

For use by the Board

Received by: _____

Date: _____

Committee Meeting Date: _____

Decision by the Board: _____

To the Administration for the following action:
