



Nanaimo Christian School

Belong • Believe • Achieve

FINANCIAL RESPONSIBILITY FORM

To: Chairman of the Nanaimo Christian School Board

Re: _____ Birthdate: _____
Student's Name Year/Month/ Day

As the parent/guardian of the above-named student, I/we accept full responsibility for costs for the 2016/2017 school year. I understand that I may be required to pay for additional tutoring if Nanaimo Christian School staff determines this as a need for my child's academic success at any point during the school year.

(Parent's Signature)

(Print Name)

(Date)