



SINGAPORE NATIONAL ACADEMY
RE-REGISTRATION FORM FOR EXISTING SNA STUDENTS
ACADEMIC YEAR _____

Please fill in this form and submit it into the box provided at the Front Reception Desk **before date:** _____ in order to process Billing Statements. Billing Statements will be distributed to you 10 days after submission. Please kindly notify us if you have not received our Billing Statement.

STUDENT'S INFORMATION

Student's Name	Student's ID#	M / F	Grade Applied For
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

** If your child is attending Playgroup classes, please specify if he/she will be attending 3x/ week or 5x/week class.*

Parents' Name : _____
 Current Address : _____
 Contact No. : _____
 Email Address : _____

TUITION FEE PAYMENT OPTION (Please tick your option)

Annual Semestral (+ 2% admin fee) Quarterly (+ 3% admin Fee)

Tuition Fees paid in installments will be subjected to Installment Deposit of USD200 and Administration Fee stated above. If your child stays with us for the full year, the deposit will be returned to you or rolled forward to the following year's deposit payment. If your child withdraws before the end of the Academic Year, the Deposit will serve as Withdrawal Administration Charge.

CAPITAL LEVY PAYMENT OPTION (Please tick your option)

Advance Payment of _____ years
 Annual Payment

Capital Levy is to be paid upfront during re-registration time.

SNA SCHOOL FEE PAYMENT POLICY

Fees must be paid in **Full Amount**. **ALL FEES ARE NON REFUNDABLE AND NON TRANSFERABLE**. Withdrawal fee is USD100 for Annual Tuition Fee Payment and USD200 (taken from Installment Deposit) for installment Tuition Fee payments. Installment Payments made later than the scheduled Billing Date will be subjected to Late Fee Penalty.

I understand and agree to all terms and conditions stated in the **SNA SCHOOL FEE PAYMENT POLICY**. I also certify that all information I have provided above is true and accurate to the best of my knowledge.

Parent's Signature: _____ Date: _____
 Parent's Name : _____

****This form may be photocopied to be kept as your own record****