



Cedars Christian School
International Education Program

Financial Responsibility Form

To Whom It May Concern

RE: _____
Student Name (English)

Birthdate: _____
Year Mo. Day

As the parent/guardian of the above named student, I/we accept full responsibility for all costs for the 2007/08 school year.

Sincerely,

Parent/Guardian Signature

Date

English Name (Printed)