



# STATEFIELDS SCHOOL, INC.

PAASCU-FAAP ACCREDITED

National Road, Molino III, Bacoor City, 4102 Cavite

## FINANCIAL CLEARANCE FORM

STUDENT NAME			
	Last Name	First Name	Middle Name
HOME ADDRESS			
NAME OF FATHER		CONTACT NO.	
NAME OF MOTHER		CONTACT NO.	

YOUR CHILD'S CURRENT SCHOOL		YEAR ATTENDED	
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DO YOU HAVE AN OUSTANDING BALANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHAT IS THE BALANCE?	
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DO YOU HAVE ANY ARRANGEMENT TO SETTLE THE ACCOUNT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, WHAT ARE THE ARRANGEMENT? \_\_\_\_\_

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### TO BE COMPLETED BY THE CURRENT SCHOOL ACCOUNTANT:

THIS STUDENT'S ACCOUNT:	
<input type="checkbox"/>	is cleared, or suitable plan is being followed
<input type="checkbox"/>	is delinquent and no plans are in placed

YOUR ACCEPTANCE OF THIS STUDENT IS:	
<input type="checkbox"/>	recommended
<input type="checkbox"/>	not recommended

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE		D A T E	
POSITION		TELEPHONE NO.	

Please return this form to the applicant in a sealed envelope, with your signature across the flap. The applicant will then submit the sealed envelope to Statefields School, Inc..

Please affix school dry seal here.