

## University Community Services School Subsidy Application Form

Parent/Guardian name :		Parent/Guardian name :	
Paren	t/Guardian email :	Parent/Guardian email :	
Stude	nt's name :	Please provide the name and OIST ID for the person who would receive the school subsidy payments.	
School:		Name:	
Grade:		OIST ID:	
questio			
2)	Do you have enrollment certificate from your c		
-,	If Yes, please submit a copy of your child's enrollment certificate for the school as of the time of this application		
	If No, please note subsidy payments will not be	e made before proof of enrollment is provided.	
Please :	acknowledge the following conditions for the sch	nool subsidy program.	

1) My applications will need to be made on a per child basis. If I wish to access the school

subsidy for more than 1 eligible child, I must submit an application for each child.

I will communicate this to OIST and subsidy payments will cease (unless the child is

transferring to a different eligible school).

2) If my child stops attending the International School specified in my application for any reason,  $\Box$ 

3)	I accept that in order to continue to access the school subsidy, I will need to make yearly			
	applications for my child(ren).			
4)	The availability and eligibility of the School Subsidy is at OIST's discretion. Changes may arise			
	due to potential strategy or financial variations.			
5)	I understand that new applications must be submitted by the 25th of the month preceding			
	the scheduled subsidy payment month. Applications received after this date will be processed			
	for the next payment cycle.			
All applications will be reviewed by the University Community Service Director. Applications will normally be reviewed within 10 working days of receipt. Only complete applications will be considered.  By signing, you understand and accept the conditions above and that eligibility for the subsidy is not guaranteed				
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