

School Deposit Slip Form

Student Details:

Full Name of Student: _____

Student ID: _____

Grade/Class: _____

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Payment Purpose:

Tuition Fees

Exam Fees

Activity Fees

Library Fees

Other: _____

Payment Details:

Amount: _____

Date of Payment: _____

Mode of Payment:

Cash

Check

Bank Transfer

Online Payment

Check Details (if applicable):

Check Number: _____

Issuing Bank: _____

Signature of Parent/Guardian: _____

Date: _____

For Office Use Only

Received By: _____

Receipt Number: _____

Date Processed: _____