



Kigali City, Rwanda.
Kimironko, KG 139 St, No:24
+250 784 532 522

TUITION FEES PAYMENT PLAN

Name of Student: _____

Class: _____

Term: _____

Total Amount Due: _____

Installment	Amount Rwf	Date
1st		Before beginning of (non-negotiable)
2nd		

Name of parent: _____

Phone No. _____

Signature: _____

Date: _____

Reserved for Malaika International School

Approved by: _____

Date: _____

NB: Failure to adhere to the above signed payment plan will result in the student being sent home until the matter is resolved.

Copy of ID/ Passport to be attached