



J. Addison School

2 Valleywood Drive, Markham, Ontario Canada L3R 8H3 Tel: (905) 477-4999 Fax: (905) 477-4380 www.addisonschool.com

Student Pocket Money Disbursement Agreement

Effective Date ____ / ____ / ____

I _____, *(Print Full Name-Parent/Guardian)* hereby give consent to J. Addison School Financial Department to disperse an allotted amount of monetary funds deemed "personal" to my child _____ *(Print Child's Full Name)*.

The total amount that I will send will be \$ _____ CAD which will be given to my child for personal expenses:

(Please select your option below)

- 1) bi-weekly basis for the amount of \$ _____ CAD
- 2) monthly basis for the amount of \$ _____ CAD

I, the undersigned, understand and agree to pay a one-time administration fee of \$100.00 to cover the 10 month period of the above service. Please note that the total amount of pocket money and administration fee must be paid in full prior to the service commences for the student.

I, the undersigned, understand J. Addison School is not liable if the child loses his personal monetary funds, neither his/her purchases with the personal monetary funds that has been afforded to the student.

Print Name
Parent/Guardian

Email: _____

Phone Number: _____

Signature

Print Name
J. Addison School Administrator

Email: _____

Phone Number: _____

Signature