



## SHAPE INTERNATIONAL SCHOOL

### CERTIFICATE OF DEPENDENCY

DATE:

The information on this form is required to determine the eligibility status of the dependent(s) of the sponsor listed, and is being requested by that sponsor. Failure to provide this information may result in the dependent(s) being denied enrolment in the school unit.

SPONSOR:

GRADE/RANK:

UNIT OF ASSIGNMENT:

LOCATION OF ASSIGNMENT:

ASSIGNMENT ORDERS DATE AND ISSUING HQ:

DATE OF TOUR CONCLUSION PER ABOVE ORDERS:

SPONSOR'S DUTY PHONE:

SPONSOR'S MAILING ADDRESS:

*The following individual(s) is/are the dependent(s) of the above cited sponsor:*

NAME:

BIRTH DATE:

NAME:

BIRTH DATE:

NAME:

BIRTH DATE:

Requesting Sponsor's Signature: \_\_\_\_\_

***As the National Military Representative to SHAPE, I certify that the listed dependents are authorised to attend the requested SHAPE affiliated school unit and are eligible for the payment by the national government of their International Tuition Fee for the school year 2024-2025.***

NMR representative name: \_\_\_\_\_

NMR representative signature: \_\_\_\_\_

\_\_\_\_\_