



INTERNATIONAL ACADEMY

Owned and Operated by Andrews University

OFFICIAL THIRD-PARTY BILLING/SUBSIDY CONFIRMATION FORM

Parent/Guardian is responsible, as the employee, to submit this form to the authorized department of their place of work.

Employee Name: _____ Position _____

Phone Number: _____ Email _____

My child, _____, is applying to Griggs International Academy for the _____ school year, and I would like to request subsidy for them.

NOTE: If for any reason you cannot comply with this request please inform the employee as soon as possible.

Employer, complete and email this third party confirmation form to the email below for billing:

ENROLLGIA@ANDREWS.EDU

Name of Institution: _____

will cover \$ _____ or _____ % of:

- Tuition
- Tuition and Fees

Address for billing: _____

Desired method of payment: _____

Email/s (to receive invoice): _____

PAYMENT MUST BE MADE WITHIN THIRTY DAYS OF ENROLLMENT

Authorized Department Signature: _____ Date: _____

Print Name: _____ Phone Number: _____