



**Maarif Magyar-Angol Két Tanítási Nyelvű
Általános Iskola és Gimnázium**
1078 Budapest, Hernád utca 52.
e-mail: hu.maarifschool@gmail.com
Tel: 20/221-55-85 OM: 203397
Adószám: 19167941-1-43

Declaration – middle school

Student: _____ **Class:** _____

Parent: _____

I hereby declare that I will pay the contribution fee of **3,000,000 HUF** for the school year **2026/2027** to Maarif Hungarian-English Bilingual Primary and High School, under the following conditions.

Please indicate the discount(s) you wish to apply for:

☐ **Sibling Discount – 5%**

(5% discount for each sibling attending the institution)

☐ **Upfront Payment Discount – 5%**

(If the full amount of the contribution fee is paid by 30 August 2026)

☐ **Pre-registration Discount – 10%**

(If registration is completed by 20 June 2026)

☐ **Pre-registration Discount – 5%**

(If registration is completed by 20 July 2026)

☐ **Gradual Transition Discount – 5%**

(One-time discount for transition from Grade 4 to Grade 5 or from Grade 8 to Grade 9)

☐ **Institution Discount – 20%**

(For students coming from Kispest Kindergartens)

A maximum total discount of 50% may be applied.

I acknowledge that the discounts are applied according to the institution's regulations and eligibility criteria.

Date: _____

Parent's Signature: _____