



SANCTA
SOPHIA COLLEGE
Walk in Wisdom

GUARANTEE AND INDEMNITY AGREEMENT BY PARENT/GUARDIAN/OTHER

Name of Resident

Parent/Guardian/Other who will act as guarantor of fees to be paid

Name (please print)

Relationship to Resident

Address

.....
.....

Email

Phone

In consideration of a place in the College being offered to the above-named resident, I:

(a) Guarantee unconditionally to pay all fees and sundry expenses incurred by the student to the College at any time after the student is first offered a place at or takes up residence in the College, immediately upon request; and

(b) Indemnify the College against any loss should those fees and expenses not be recovered from the student for any reason. I acknowledge that the College may seek payment from me, before making a formal claim against the student.

This guarantee and indemnity is continuing and remains in full force and effect despite any time or indulgence granted to the student or any other matter that may otherwise release me.

Signature of guarantor

Name in full

Date