

File Copy

Village/Ward.....  
Parish.....  
Sub-County/Division.....  
District/Municipality..... **KASESE**.....  
Date:..... **6/3/2017**.....

The Headteacher  
Kasese secondary school

RE: REQUEST FOR PARDON ON FEES PAYMENT.

I **ANDREW MARTIN NIWAZIYABA**..... of the above  
address, I do hereby request for pardon of payment of school fees  
for my son/daughter **GLADYS**..... class **5.3**.....

I shall pay the balance of shs **143,200** on **30th** day  
of **APRIL** month **2017** year.

Hope for consideration in this matter.

Thank you.

Yours faithfully,

**Niwaziyaba**  
.....  
Parent/Guardian/Benefactor.

Mob **0772445180 / 0772551419**

Official Comment.....  
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Signed by,  
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