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info@internationalacademyfootball.com www.internationalacademyfootball.com

Parents Address:	
Date:	
Dear Sirs,	
Student:	Passport Number:
We can confirm that we are the pa	ents of
an independent academy program or international travel which our or living arrangements provided by the wear confirm that we will be	financially responsible for the payment of our son/daughter's
outstanding academic fees and a son/daughter's stay in London, UK	commodation fees. The funds are available in full throughout our
We would very much appreciate he/she may commence his/her acc	our assistance in granting our son/daughter leave to enter so that demy programme in the UK.
Yours faithfully,	
Father's name	Mother's name
Signature	Signature







